## Golden Triangle Kiwanis Foundation Scholarship Application

APPLICANT GENERA	AL INFOR	RIVIATION					
Student Last Name:			Stud	Student First Name:			
Home Address:		Street	City	Zip + Ext			
			Sity	p ·			
Mailing Address: Nun	nber	Street	City	Zip + Ext			
Геlephone:			Email:				
Current School Atte	ending						
ANTICIPATED FUTU	ire acai	DEMIC INFORMA	ATION				
Anticipated Major:							
First choice of insti	tution to	attend:					
Second choice of in	stitution	to attend:					
CURRENT AND PAS  Organization		MIC, CO-CURRIO	CULAR, AND COM	MUNITY ACTIVITIE		<u>-</u>	
*Please attach copies o			TICIPATION				
School Club (Key Club, Builders Club, K-I Initiative (Key Leader, Terrific Kid		·	Dates	Lea	adership Role		

2024 Application Page 1 of 3

## Golden Triangle Kiwanis Foundation Scholarship Application

## EMPLOYMENT HISTORY

Employer	Dates	Position	Resp	onsibilities	Su	pervisor/Contac	
COLOL A DOLLID AND	FINIANICIAL AID IN	IFORMATION!					
SCHOLARSHIP AND	FINANCIAL AID IN	IFORMATION					
chalarchine for wh	ich vou have annl	ied or anticipate ap	nluina				
Scholarship/Grantor	Date App		piyirig.	Award Amount		One time/Renewing	
тополитер, от от от от	2333.456					One time/nemewing	
Vill you be receivin	g the Bright Futur	res Award?					
-	-	res Award? 75%	100%				
-	-		100%				
-	-		100%				
No	Yes	75%	100%				
No	Yes	75% ON	100%				
No	Yes	75% ON	100%				
HOUSEHOLD FINAN	YesYes	75% ON old?	100%				
NoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNo	YesYes CIAL INFORMATION S in your househow y Income (check o	75% ON old?					
NoNoNoNoNoUSEHOLD FINAN How many member Annual Gross Family Income Rang	YesYes CIAL INFORMATION S in your househow y Income (check o	75% ON old?	Incor	me Range			
HOUSEHOLD FINAN How many member Annual Gross Family Income Rang \$0 - 9,999.	YesYesYesYesYesYes in your househow the come (check of ge	75% ON old?	Incor \$25,0	me Range 000 – 29,999			
HOUSEHOLD FINAN How many member Annual Gross Family Income Rang \$0 - 9,999. \$10,000 - 14	YesYesYesYesYesYesYesYes in your househousehouse (check of ge	75% ON old?	Incor   \$25,0   \$30,0	me Range 000 – 29,999 000 – 49,999			
HOUSEHOLD FINAN How many member Annual Gross Family Income Rang \$0 - 9,999.	YesYesYesYesYesYesYes in your househousehousehouse (check of ge	75% ON old?	Incor   \$25,0   \$30,0   \$50,0	me Range 000 – 29,999			

Explain why you are requesting this scholarship, any extenuating personal circumstances, your plans for an education, and your future employment aspirations, in the space allowed or on a separate attachment.				

2023 Application Page 2 of 3

Golden Triangle Kiwanis Foundation Scholar	rship Application
STATEMENT OF ACCUR	ACY FOR STUDENTS
I hereby affirm that all the above stated information promy knowledge. I also consent that, if chosen as a scholato promote the Golden Triangle Kiwanis Foundation's se	arship winner, my picture may be taken and used
I hereby understand that if chosen as a scholarship wing Golden Triangle Kiwanis Foundation, no later than Septe the fall semester which includes the Student ID number contact in the financial aid office.	ember 15, 2024, a certificate of enrollment for
I hereby understand that incomplete, inaccurate, applic criteria will not be considered for this scholarship.	ations or applications that do not meet eligibility
Student's Signature	Date
Parent or Legal Guardian Signature(If student is under 18 years of age)	Date
THIS APPLICATION IS DUE BACK TO THE FOUNDATION N	NO LATER THAN MARCH 31, 2024.
Return the completed application by: email (preferred) to GTKiwanis@gmail.com OR Golden Triangle Kiwanis Foundation, PO Box 162, Mour	nt Dora, FL. 32756

2024 Application Page 3 of 3