



Kiwanis[®]

CLUB OF ST. LOUIS CITY

SCHOLARSHIP PROGRAM

The Kiwanis Club of St. Louis City will award one (1) scholarship to a Roosevelt High School graduate each year. The student selected will receive a total of \$4,000. Three thousand (\$3000) dollars will be paid directly to the higher education institution and the remaining one thousand (\$1000) dollars will be disbursed directly to the recipient during holiday break following his/her first semester when the student attends a general meeting of the Kiwanis Club of St. Louis City to report on his/her experience.

QUALIFICATIONS

1. Must be a student graduating from Roosevelt High School
2. Must be enrolled in a college, university or trade school.
3. Must complete an essay that will be submitted along with the application.
4. Must notify the Kiwanis Club of St. Louis City of change of address, phone, college, or university.
5. Must be referred by the School Counselor.
6. Applications must be **COMPLETE** with required information.
7. Must schedule a date to meet with the Kiwanis Club of St. Louis City during the holiday break in order to receive the final one thousand dollars.

ESSAY REQUIREMENT

Applicants must select one of the two essay subjects below. Attach your essay to the scholarship form. Respond to the essay question in **two pages, NO LONGER and NO SHORTER**. The essay must be **double-spaced and typed**. Please focus on **organization, content, grammar, and spelling**.

ESSAY OPTION #1

What are your principal interests outside of school? What leisure and/or community activities do you particularly enjoy? How has this activity been important to the development of your character?

ESSAY OPTION #2

Describe a personal achievement or community service that has had a significant impact on your life. How has it impacted you?

PLEASE EMAIL COMPLETED APPLICATION TO:
Scholarship.KiwanisSTLCity@gmail.com

KIWANIS CLUB OF ST. LOUIS CITY

SCHOLARSHIP APPLICATION

ROOSEVELT SENIOR HIGH SCHOOL GRADUATING SENIORS

(Please Print or Type)

APPLICANTS NAME: _____
First M.Initial Last

ADDRESS: _____
Street City State Zip

CELL PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

STUDENT IS#: _____
Not social security number

HIGH SCHOOL CLUBS / SERVICE ORGANIZATION PATICIPATION:

*NAME OF EDUCATIONAL INSTITUTION YOU PLAN ON ATTENDING (PLEASE GUESS IF UNSURE):

Name of College/University City State

ANTICIPATED MAJOR: _____ ANTICIPATED MINOR: _____

*HIGH SCHOOL G.P.A.: _____ HIGH SCHOOL GRADUATION DATE: _____

*STUDENT SIGNATURE: _____ DATE: _____

*COUNSELOR'S NAME: _____

*COUNSELOR'S SIGNATURE: _____ DATE: _____

*THIS INFORMATION MUST BE COMPLETED FOR YOUR APPLICATION TO BE CONSIDERED