



KIWANIS CLUB OF CAPE CORAL



P.O. BOX 10006
CAPE CORAL, FLORIDA 33910

LEADERSHIP

SCHOLARSHIP APPLICATION

BASED ON SCHOLARSHIP, LEADERSHIP AND FINANCIAL NEED

Must be returned by February 15.

Name _____ Social Security # _____

Address _____ Phone _____
Street City/State/Zip Area/Number

Date of Birth _____ Place of Birth _____ Age _____ Sex _____

Schools attended (ninth through twelfth grades)

Name of School	Date of Entrance	Period Attended
_____	_____	_____
_____	_____	_____

Date will graduate _____ Number in Class _____ Rank in class _____

DATE:

_____, _____
Signature of Student

SCHOLASTIC

HONORS AND AWARDS RECEIVED (Year and Nature of Award):

OFFICES AND POSITIONS OF LEADERSHIP (Organization, Position, Year):

WHICH COLLEGE/UNIVERSITY DO YOU PLAN TO ATTEND?

_____ STARTING DATE _____

WHAT IS YOUR INTENDED MAJOR? _____

EXTRA CURRICULAR

Clubs and Organizations

List all clubs, teams and organizations to which you belonged. Indicate which ones you held office or position of leadership. If you need additional room, please attach separate pages.

FRESHMAN:

SOPHOMORE:

JUNIOR:

SENIOR:

Do You belong to the Key Club Yes _____ No _____

REFERENCES

PLEASE GIVE THE NAMES OF THREE NON-RELATIVES WHO KNOW YOU AND WILL BE WILLING TO WRITE A LETTER OF RECOMMENDATION ON YOUR BEHALF.

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

On the back page, please write in your own handwriting, why you feel you should be awarded this scholarship.

Student's Signature

Date

PLEASE ATTACH COPIES OF G.P.A. SHEET, C.E.E.B., SAT, ACT OR EQUIVALENT RECORDS.

ALL INFORMATION ON THIS SHEET WILL
BE CONSIDERED CONFIDENTIAL

PLEASE LIST ALL INCOME AND DEPENDENTS AS REPORTED ON FEDERAL INCOME TAX RETURN.

Name of Father or Guardian (indicate which): _____

His Occupation ? _____ Employed by whom? _____

Father's or Guardian's Annual Income: _____

Address (if not the same as home address): _____

Name of Mother (including maiden name): _____

Her Occupation: _____ Employed by? _____

Mother's annual income? _____

Address (if not the same as home address): _____

Total number of persons dependent on parents: _____

Brothers and sisters (list in order including self), starting with eldest:

<u>NAME</u>	<u>AGE</u>	<u>OCCUPATION</u>	<u>WHERE EMPLOYED</u>

Estimated Receipts

Scholarship _____

Loan _____

Summer Earnings _____

Earnings-School Year _____

Other Income

a. Funds from Parents _____

b. Funds from relatives
or friends _____

c. Other sources _____

TOTAL RECEIPTS _____

Estimated Costs

Tuition _____

Room & Board _____

Fees _____

Books & Supplies _____

Class Dues, etc. _____

Clothing _____

Travel _____

Recreation _____

All other expenses _____

TOTAL COSTS _____

SIGNATURE OF PARENT OR GUARDIAN