

Candidate # _____ (for office use only)

Fort Scott Kiwanis Club Scholarship Application

Return to the Counseling Office by April 2, 2021

Attachments required:

- 1) High School Transcript
- 2) Two letters of recommendation from teachers

Name _____ Address _____
_____ Parent/Guardian _____

Scholarship Award Criteria

These criteria will be used by the committee for scoring each application. There is a possible 100 points on each application.

<u>Category</u>	<u>Points Possible</u>
Academic Achievement	0 – 25
Extra-Curricular Activities	0 – 20
Financial Need	0 – 20
Key Club Involvement	0 – 20
Letters of Recommendation from two (2) teachers	0 – 10
Qualify of the application itself	0 - 5

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Fort Scott Kiwanis Club Scholarship Application

7th Semester Cum GPA _____ Class Rank _____ of _____ ACT Comp Score _____

Schools attended (Grades 9 – 12)

Name of School _____

Name of School _____

Name of College or University you plan to attend _____

Plans for Career _____

Tell us about yourself and why you are deserving of this scholarship:

What work experience have you had?

Employer _____ Start Date _____ End Date _____

Duties _____

Employer _____ Start Date _____ End Date _____

Duties _____

Are you a Key Club member? _____ Yes _____ No

If yes, tell us about your involvement in Key Club. What offices have you held?

Tell us about your role in Key Club service projects, fund raisers, etc. that you've been involved in:

(Attach sheet if more space is needed)

List the clubs and organizations you have participated in during your high school years and tell us about leadership roles you've had and/or projects you've worked on:

(Attach sheet if more space is needed)

List any awards and honors you've received during your high school years:

(Attach sheet if more space is needed)

Tell us about your involvement in the community (4H, Boy or Girl Scouts, Church, Youth Group, etc.) and tell us about your role in these organizations:

(Attach sheet if more space is needed)

The following information will be used to determine student's need and will be kept confidential.

Name and ages of children and other dependents in the family:

<u>Name</u>	<u>Age</u>	<u>Year in School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total taxable household income for 2020 _____

Describe what contributions you personally will make to pay for your education:
