

Are you willing to help with	the Kiwanis Food Shac	k during the fa	air and/or with our flag project?	YES NO
Scholarship Applicant's Info Name:	rmation			
Address:				
Phone:	email:		Parent/Guardian:	
Applicant's School Informati High School GPA: Intended College or Universi Intended Major:	High School Rank:	of	ACT Composite:	
Feel free to use a separate s Briefly describe why you are		a college edu	cation:	
Honors and Awards received	d (school, community, S	State, nationa	1):	
School-related Activities:				
Community Service provide	d:			
Employment experience (inc	clude employer's name	, type of work	, and dates of employment):	
Include the names of 2 people 1. 2.	who will provide recom	mendation forn	ns to Kiwanis – PO Box 56 – Goodla	and, KS 67735
Applicant Cignoture			Doto	