

**Kiwanis Service Scholarship
In Memory of Dr. Isaac Nelson**

First Name: _____ Last Name: _____

Date of Birth: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

College/University you plan to attend: _____

College/University City: _____ State: _____

History: Dr. Isaac Nelson was a medical doctor in Greenville for 16 years. During that time, he did it all: delivered babies, tended to the sick and wounded and even made house calls! Dr. Nelson held the offices of President and Treasurer for Moosehead Lake Kiwanis Club and was an avid believer in community service. That is why this award is named after him.

Criteria: Preference is given to a Key Club member with outstanding community service.

Letter: Please write Kiwanis Club a letter detailing citizenship and service activities.

Documentation: Please provide the Kiwanis Club with documentation of a least 100 hours of public service which you have completed in the course of your high school career.

Award: \$1500.00

Certification of your high school community service:

I certify that _____ served with (name of organization)
_____ as part of his/her community service during the
student's high school career.

Organization Advisor or Representative: _____

Advisor or Representative signature: _____

Date: _____ Phone: _____

**DEADLINE: MAY 1
RETURN APPLICATION TO GUIDANCE OFFICE**

