

Print Student Name: \_\_\_\_\_

**CAREER AND TECHNICAL EDUCATION  
SCHOLARSHIP APPLICATION**

**Sponsored by  
Kiwanis Club of Abilene**  
*(Please Print all Responses Legibly)*

**NAME:** \_\_\_\_\_  
Last Middle First

**HOME ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

Contact Phone or Email Address \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **BIRTHPLACE:** \_\_\_\_\_

**PLEASE GIVE DETAILS CONCERNING PRESENT AND PAST EMPLOYMENT:**

Date of Employment	Name of Employer	How Long Worked
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE LIST HIGH SCHOOL ACTIVITIES, OFFICES, HONORS, AND CIVIC ACTIVITIES**

(Attach additional pages if necessary.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT CAREER FIELD DO YOU PLAN TO PURSUE AFTER HIGH SCHOOL?** \_\_\_\_\_

\_\_\_\_\_

**WHAT IS YOUR HIGH SCHOOL GRADE POINT AVERAGE?** \_\_\_\_\_

**WHICH TECHNICAL SCHOOL, COLLEGE, OR UNIVERSITY DO YOU PLAN TO ATTEND?**

\_\_\_\_\_

**HOW DO YOU PLAN TO FINANCE YOUR EDUCATION?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Student Name: \_\_\_\_\_

NAME OF FATHER/GUARDIAN \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ YEARLY INCOME: \$ \_\_\_\_\_

NAME OF MOTHER/GUARDIAN: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ YEARLY INCOME: \$ \_\_\_\_\_

**CONTACT Phone # or Email of Parent/Guardian** \_\_\_\_\_

**BROTHERS AND SISTERS** (Show whether any are currently attending college and what college):

<u>Name</u>	<u>Age</u>	<u>In College?</u>	<u>Name of College</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER SCHOLARSHIPS OR GRANTS FOR WHICH YOU HAVE APPLIED:**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**STATE IN YOUR OWN WORDS YOUR QUALIFICATIONS FOR AND WHY YOU NEED THIS SCHOLARSHIP. BE AS SPECIFIC AS POSSIBLE REGARDING FINANCIAL NEEDS.** (Attach additional pages if necessary.)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Print Student Name: \_\_\_\_\_

*I authorize the Kiwanis Club of Abilene to use the information contained in this application to make decisions regarding the award of the Career and Technology Scholarship.*

Signed:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Parent or Guardian (Required for  
students under the age of 18)

\_\_\_\_\_  
Date

**Each applicant must submit a letter of recommendation from each of the following.** (Please list the name and address of each teacher/principal.):

**One Career and Technology Teacher:** \_\_\_\_\_

Address: \_\_\_\_\_

**One Other Adult:** \_\_\_\_\_

Address: \_\_\_\_\_

The CTE teacher making the recommendation should reflect on the applicant's accomplishments, character, and financial need.

**Each letter of recommendation should be addressed to "THE KIWANIS CLUB OF ABILENE" and should be submitted with the application form.**

**Send the completed application and letters of recommendation to:**

**Kiwanis Club of Abilene  
CTE Scholarship  
473 Cypress St, #107  
Abilene, TX 79601**

or email to [kiwanis@abilenekiwanis.org](mailto:kiwanis@abilenekiwanis.org)

**To be eligible for consideration, applications accompanied by all letters of recommendation must be received by April 1, 2024.**

Privacy Statement:

All information contained in this application will be held in strictest confidence by the Kiwanis Club of Abilene Scholarship Committee.

Disclaimer: Decisions regarding the award of the Kiwanis Career and Technology Scholarship are made at the sole discretion of the Kiwanis Club of Abilene.