Print Student Name:	



Kiwanis Club of Abilene Foundation SCHOLARSHIP APPLICATION

- a) Applications considered must be submitted from students enrolled as a high school senior in Taylor County, State of Texas from public, private, charter and home schools. This includes: Abilene ISD (including ATEMS & Holland), Wylie ISD, Premier HS, Home School, Abilene Christian HS, TLCA Abilene Campus, Jim Ned HS, and Merkel HS.
- b) The scholarship award will be scored based upon the following weights: 40% weight to academic achievement, 40% to financial need, and 20% to school community involvement/volunteerism.
- c) Special consideration **will not** be given because an applicant is related to a member of the Kiwanis family.
- d) A total of two scholarship awards may be given during the lifetime of any one individual, except for an unusual financial need.
- e) The packet must be complete for consideration. This includes the application, essay, two references, and a transcript. Incomplete packets are not considered.
- f) The Kiwanis Club of Abilene gives separate scholarship awards to technical/vocational students from service funds.
- g) You may attach additional pages, if needed.
- h) Please PRINT all entries on this application.
- i) To be eligible for consideration, applications accompanied by all letters of recommendation must be received or post marked by 5:00pm, Monday, April 15, 2024.

		HONE:
HICH YOU WILL O	RADUATE, AND YOU HAVE ATTE	NDED:
N HIGH SCHOOL	COUNSELOR:	
ND?		
EGREE OR CERT	TIFICATE YOU SE	EEK:
		YMENT: How Long Worked
		HONORS, CIVIC AN
	ZIP: BIRTH HICH YOU WILL OF STATE AND	ZIP:CONTACT PIBIRTHPLACE: HICH YOU WILL GRADUATE, AND BICAL SCHOOLS YOU HAVE ATTE Date attended N HIGH SCHOOL COUNSELOR: ADE POINT AVERAGE and Class ND? DEGREE OR CERTIFICATE YOU SE

Print Student Name:

Print Student Name:					
HOW DO YOU PLAN TO FINANCE	YOUR ED	DUCATION?			
NAME OF FATUED/OUADDIAN					
		YEARLY INCOME: \$			
	N:YEARLY INCOME: \$ Parent/Guardian				
	eni/Ouar	uidii			
BROTHERS AND SISTERS (Show v	whether ar	ny are currently atte	ending college and what college):		
<u>Name</u>	<u>Age</u>	in College?	Name of College		
OTHER SCHOLARSHIPS OR GRAP	NTS YOU	HAVE BEEN AWA	ARDED:		
1					
2					
3					
STATE IN YOUR OWN WORDS Y SCHOLARSHIP. BE AS SPECIFIC additional pages if necessary.)					

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

Print Student N	ame:			
Signed:				
Applicant		Parent or Guardian (Required for Students under the age of 18)		
Date				
List two personal reference reference for the applicant.	es other than family members	who will provide a personal		
Name	Address	Telephone		
•	mation contained in the application assistance requested is necessar			
Signature	Printed Name	 Date		

Each letter of recommendation should be addressed to "THE KIWANIS CLUB OF ABILENE FOUNDATION"

To be considered, all applicants must provide the completed application, essay, two references and a current transcript. Incomplete applications will not be considered.

Send the completed application and letters of recommendation to:

Kiwanis Club of Abilene Foundation 473 Cypress St, #107 Abilene, TX 79601 Or email to kiwanis@abilenekiwanis.org

To be eligible for consideration, applications accompanied by all letters of recommendation must be received by 5:00pm Monday, April 15, 2024.

Privacy Statement:

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

Disclaimer:

Decisions regarding the award of the Kiwanis Foundation Scholarship are made at the sole discretion of the Kiwanis Club of Abilene