Kansas Kiwanis Foundation, Inc.
2016-2017
High School Senior Scholarship Application
(KKF Form 100)

OFFICIAL USE ONLY
Application # _____
Division ____
Date Rec'd _____

THIS APPLICATION FORM TO BE USED BY HIGH SCHOOL STUDENTS ONLY!
COLLEGE STUDENTS USE KKF COLLEGE SCHOLARSHIP APPLICATION FORM 101

The Kansas Kiwanis Foundation is proud to offer scholarships to deserving students who are graduates of Accredited Kansas High Schools. Should special circumstances exist they will be evaluated on a case-by-case basis to determine eligibility.

Fill out this application **completely**. **Failure to do so shall result in your application being disqualified!** You may go to the Kiwanis Web Site at www.kskiwanis.org then click on the Kansas Kiwanis Foundation on the right side.

1. Previous editions of this form are obsolete. **Use of any other application format shall result in your application being disqualified**.
2. You do not have to be a member of a Key Club to apply.
3. Mail application and required letter of recommendation to Secretary, Kansas Kiwanis Foundation, P.O. Box 524, Colby, KS 67701-0524
4. Application **MUST** be postmarked not later than **February 1, 2017** for your application to be considered.

SECTION I. Personal Information:

a. Name: _____

b. Address: _____

City: _____ State: _____ Zip: _____ Email_____ Telephone: _____

SECTION II. Key Club: (complete only if a Key Club member)

a. Member of the _____ Key Club. Number of years _____

b. Office(s) Held/Year: (1) _____/_____ (2) _____/_____ (3) _____/_____ (4) _____/_____

c. I certify that the above named applicant is a member in good standing of Key Club of _____

d. Signed: _____
Key Club Faculty Advisor, District Key Club Administrator or Local Kiwanis Club Secretary (Circle one)

SECTION III. Parent or Legal Guardian Information:

a. Name _____ Relationship to applicant: Father___ Mother___ Guardian___

b. Address: _____

City: _____State: _____ Zip: _____ Telephone: _____ _____

c. Occupation: Father _____ Mother _____ Guardian _____

d. Signature of Parent or Guardian: _____

SECTION IV. Kiwanis Club Membership:

a. Do you have a family member in Kiwanis (if so) what club? _____

b. Office(s) Held/Year (1) _____/_____ (2) _____/_____ (3) _____/_____ (4) _____/_____

SECTION V. Scholarship To Be Used At The Following Institution:

a. Name of Institution: _____

b. Address: _____

SECTION VI. Educational History

Student: Fill out the information before taking it to your school counselor. Take an envelope with your name on the outside for him/her to seal this page in once it is completed.

Student Name _____

Name of School from which you will recei*ve your diploma:* _____

Years attended: From: _____ to: _____ School Address _____

Name of School Counselor: _____

SECTION VII. Evaluation by School Official

Counselor: please complete the following evaluation of this student. Do Not attach a letter of recommendation. Please seal this page and an official transcript into an envelope if returning to the student to mail. If your school office mails completed scholarship applications for students there is no need for the added envelope.

GPA: ____ based on a _____ scale. *Class Ranking: _____ of _____*

ACT/SAT Composite Score _____

Did this student complete the Kansas Regents Qualified Admissions Curriculum? Yes [ ] No [ ]

A school official must complete the following for this application to be considered. This student is applying for a scholarship, and we use the information in selecting recipients. Due to Federal Legislation the student may request and be given permission to see your recommendation.

Please evaluate the applicant's personal qualities

PERSONAL QUALITIES	*Truly Outstanding*	*Excellent*	*Good*	*Average*	*Below Average*	*No Basis for Judgment*	*Comments*
Motivation							
Leadership							
Dependability / Responsibility							
Cooperation							
Intellectual Curiosity							
Ability to work independently							
Initiative							
Self-Discipline							
Integrity / Honesty							
Resilience							
Maturity							
Emotional Stability							
Social Adjustment							
Concern for Others							

Please mark the basis for your ratings. You may mark as many as apply.

____ *Records and Reports* ____ *Personal acquaintance* ____ *Casual Contacts* ____ *Counseling contacts*

____ *Committee Evaluation* ____ *Other* _____

Has/does this student:

Had disciplinary problems in school? Yes [ ] No [ ] have any special health or physical problems? Yes [ ] No [ ]

Had disciplinary problems in the community Yes [ ] No [ ] have any learning disabilities Yes [ ] No [ ]

Do you recommend this student for admission to an institution of higher education? Yes [ ] No [ ]

Any comment you would like to make on behalf of this student:

Signature and Title _____ *Date* _____

SECTION VIII. <u>Activities:</u> confine lists to the space provided

a. Activities while in High School: Use the following format when listing activities:

Activity (Explanation of activity if not well known or obvious), Duration (Years, Weeks, Days of activities)

Example: Student Council, FFA Representative 1 year, V.P. 1 year, Pres. 1 year	Meetings one hour long, every other week during school.

b. High School Awards and Honors: Use the following format when listing activities:

Award / Honor (explanation of award if not well known or obvious, year(s) received, source of award

Example: Prudential Spirit of Community Award	Junior year	Prudential Insurance Company

SECTION IX. <u>Community Service Performed while in High School only.</u> Use this format when listing Service:

Specific service or service project, duration (years, months, weeks), total number of service hours involved, origination of the projects (Club, Church, class or individual) Do not group projects.

Service which <u>does not qualify</u> to be included: Paid or stipend service, any form of fundraising, lobbying, religious instruction, conducting worship services, engaging in any form of proselytizing, efforts directed to serve only a family member and serving as an officer of an organization.

Example: Volunteer in pediatrics ward of St. Francis Hospital	3 years	297 hrs total	Self initiated

SECTION X. Expectations: Answer all questions in the space provided; be specific.

a. If you could only give one piece of advice to someone younger than yourself about how they can achieve their life goals, what would that advice be? Expound about it.

b. Where do you expect to be in 15 years? What obstacles (disregarding finances) do you expect in getting there?

SECTION XI. Financial: What is the yearly cost of attending your chosen school? $_____

How do you plan to finance your education?

List summer and academic-year jobs you have held since entering high school.

List ALL members of your family living at home, or currently enrolled in college (including yourself) and their ages:

Father _____ _____ _____ _____

Mother _____ _____ _____ _____

Yourself _____ _____ _____ _____

SECTION XII. Transcript

Ask your counselor to furnish an official copy of your high school transcript for this application. He/She may include it in the envelope with page 2, or they may simply attach it if their office mails scholarship applications for students.

SECTION XIII. Applicant's Statement

In submitting this application I certify that:

a. I will be a full-time student at the educational institution I attend;
b. I will use the proceeds of this scholarship for the payment of tuition, required fees, room, board and or required material/books.
c. I agree to release my grades to the Kansas Kiwanis Foundation and I will request a copy of my official transcript(s) be mailed with this application;
d. I will attach one (1) **Letter of Recommendation (page 5) from a community or religious leader or neighbor (other than a person affiliated with your school)** and,
e. That the information submitted with this application is, to the best of my knowledge, true and correct.

SIGNED: _____ Date: _____/ _____/ 20__

Letter of Recommendation

Give this sheet to a community, religious leader or neighbor (other than a person affiliated with your school)

Attention: Writer of Letter of Recommendation. We will have a copy of the student's transcript. He/She will list high school activities, awards, honors, and service performed. What we would like from you are comments on the student as a person, and the person as a student. Please include in what role you are familiar with the student. You may use this page for your letter, or use a letterhead instead.

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