

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



# Kiwanis<sup>®</sup>

## CLUB OF ABILENE

### 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, 2025.**

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

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

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

**EMAIL:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **CONTACT PHONE:** \_\_\_\_\_

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

**LIST THE HIGH SCHOOL FROM WHICH YOU WILL GRADUATE, AND ANY COLLEGE (include #College/dual credits earned) OR TECHNICAL SCHOOLS YOU HAVE ATTENDED:**

Name of school and location Date attended Degree or certificate

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

**PROVIDE CONTACT INFORMATION HIGH SCHOOL COUNSELOR:**

**NAME:** \_\_\_\_\_

**PHONE OR EMAIL** \_\_\_\_\_

**WHAT IS YOUR HIGH SCHOOL GRADE POINT AVERAGE and Class Rank?** \_\_\_\_\_  
**INSTITUTION YOU PLAN TO ATTEND?**

\_\_\_\_\_  
**PROPOSED COURSE OF STUDY/DEGREE OR CERTIFICATE YOU SEEK:**

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

Date of Employment Name of Employer How Long Worked

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

**PLEASE LIST HIGH SCHOOL ACTIVITIES, OFFICES HELD, HONORS, CIVIC AND VOLUNTEER ACTIVITIES (Attach additional pages if necessary.):**

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

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

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

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 YOU HAVE BEEN AWARDED:**

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

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

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*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 Name: \_\_\_\_\_

Signed:

\_\_\_\_\_  
Applicant

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

\_\_\_\_\_  
Date

**List two personal references other than family members who will provide a personal reference for the applicant.**

Name	Address	Telephone
_____	_____	_____
_____	_____	_____

I hereby declare that the information contained in the application is true and correct to the best of my knowledge, and that the assistance requested is necessary for me to continue my college, business or professional education.

\_\_\_\_\_  
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](mailto:kiwanis@abilenekiwanis.org)**

**To be eligible for consideration, applications accompanied by all  
letters of recommendation must be received by 5:00pm  
Monday, April 15, 2025.**

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