KIWANIS CLUB of WEST CITRUS

2020 SCHOLARSHIP AWARDS

GENERAL INFORMATION FOR APPLICANTS

DEADLINE [Date]

$900 General Scholarship

College of Central Florida Foundation Scholarship

Who we are: The Kiwanis of West Citrus is a locally based chapter of Kiwanis International. The Kiwanis motto is, "Kiwanis is a global organization, dedicated to improving the world, one child, and one community at a time.

Throughout the year, we raise money to award scholarships for Crystal River and Lecanto High School graduates. This scholarship is for students who plan to attend the College of Central Florida. The award will be based on any one or a combination of the following criteria: academic achievement, financial need, school and community service, Key Club membership, athletic achievement, specific skills areas, special needs, and a sincere desire for higher education. We are especially interested in students who plan to continue his or her education to pursue a career in community service or in a related area.

TO BE ELIGIBLE YOU MUST:

1. Be a graduating senior who attends and will graduate from Crystal River or Lecanto High School.
2. Have applied to the College of Central Florida as a full time student for the fall term of 2019.
3. Must attend school in the fall of 2020.
4. Submit a Resume of School/Extra-curricular Activities/Work/Volunteer
5. Submit 2 recommendations from a teacher or an adult who knows you well (not a parent or guardian). Recommendation must be received by the application due date, [Date].

Return your completed application to the Guidance Office or mail your application with ample time for us to receive on or before [Date] to:

Kiwanis Club of West Citrus

Attn. Scholarship Committee

PO Box 2514

Crystal River, FL 34423

If you have any questions or need assistance with the application process, please contact Tracy Vaughn at 352-322-0522.

YOUR CHECK LIST

Your name at the top of each page.

Signatures: Counselor-page 1: applicant and parent/guardian-page 3.

Recommendation letters should include your name written on the top of the page (please provide the person writing a recommendation a stamped envelope addressed to the Central Ridge-Crystal River Kiwanis Scholarship Committee).

Resume of volunteer/work/extra-curricular activities

Application completed in black ink or typed.

Application mailed in ample time to be received on or before [Date]

Incomplete applications will not be considered.

Applicant’s Name:

KIWANIS CLUB OF WEST CITRUS

APPLICATION FOR SCHOLARSHIP

USE BLACK INK ONLY. ALL INFORMATION IS CONFIDENTIAL.

Personal Data

|  |  |
| --- | --- |
| Item | Information |
| Name (Last name, First name, Middle Initial) |  |
| Sex |  |
| Date of Birth |  |
| Mailing Address |  |
| Permanent Home Address |  |
| Telephone # |  |
| Email Address |  |
| Schools you have applied to (Circle if you have been accepted) |  |

You must attend the College of Central Florida to be eligible for this scholarship.

EDUCATIONAL DATA AND TEST INFORMATION

(Must be completed and signed by school counseling office)

|  |  |
| --- | --- |
| Item | Information |
| Applicant’s class rank |  |
| # in graduating class |  |
| Weighted Cumulative GPA on a 4.0 scale |  |
| SAT M score |  |
| SAT V score |  |
| SAT Writing Score |  |
| SAT Total |  |
| ACT composite score |  |
| Other test information (AP scores, SAT subject scores, etc) |  |
| Total number of A.P., Honors, or Dual Enrollment Classes completed or enrolled in |  |
| Total Community Service hours |  |

School Counselor:

|  |  |
| --- | --- |
| **Printed name:** | **Telephone:** |
| **Applicant’s Signature:** | **Date:** |

I understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

Applicant’s Name:

If needed, use a separate sheet of paper to answer this question. Please limit your response to one page.

Every student is unique. Describe your plans for college and career.

Applicant statement

My signature below indicates that all the information in my application is factually correct and honestly presented.

If selected as a recipient of funds, I give the Kiwanis Club of West Citrus permission to use my name and photographs in publicity about the organization.

|  |  |
| --- | --- |
| **Applicant’s Signature:** | **Date:** |

I understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

Applicant’s signature is required to submit application

|  |  |
| --- | --- |
| **Parent or Guardian Signature:** | **Date:** |

I understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.