KIWANIS EDUCATIONAL FOUNDATION, INC.
MINNESOTA-DAKOTAS DISTRICT of KIWANIS INTERNATIONAL
$715.00 ONE-YEAR SCHOLARSHIP GRANT APPLICATION
APPLICATION DEADLINE JANUARY 25, 2019

PART I Club Information: Please type or print.

Kiwanis Club of Aberdeen
Address
City Aberdeen
President

INSTRUCTIONS: Complete the above information before giving this form to the Principal or Counselor of a high school only in the community where this club meets and/or members reside. The completed form may be photocopied as frequently as needed.

PART II School Information: Please type or print.

School Name
Address
City
Name
Signature

INSTRUCTIONS: Please adhere to the following qualifications. Applicants must be a graduate from a high school in Minnesota, North Dakota, South Dakota or Superior, Wisconsin and must attend a college or university located in Minnesota, North Dakota, South Dakota or Superior, Wisconsin.

ATTACHMENTS REQUIRED: the applicant's letter; a copy of the applicant's transcript; the nominating school staff member's letter of recommendation addressing the applicant's character, attitude, and level of responsibility.

Return to Mr. Hehn by January 25!
PART III Student Information: Please type or print

Name Printed ________________________________
Address ________________________________
City ________________________ Circle MN ND SD WI ZIP __________
Date __________________________ Signature ____________________________

Contact Information: Phone Number ____________________________
E-Mail Address ____________________________

With whom do you live? (Please circle one.) Parents Parent Guardian
Name(s) _______________________________________________________
Occupation(s) __________________________________________________

Address (if different from student’s) _______________________________________
City __________________________ State _______ ZIP __________

<table>
<thead>
<tr>
<th>Brothers and Sisters</th>
<th>Attending</th>
<th>Attending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Age</td>
<td>College? Y/N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

College or University you most likely will be attending?

NOTE: Scholarship may only be used in institutions of post-secondary education located in:
Minnesota, North Dakota, South Dakota and Superior, Wisconsin.

INSTRUCTIONS: A student letter must be attached. Your letter should include the following:
An introduction of yourself;
Academic awards and honors;
Extracurricular activities and awards;
Community service performed;
Organizations to which you belong in your school;
Tell about your plans for using your post-secondary education.
Please do not hesitate to add anything that may aid the committee in making a selection such as family situations or financial need. Return this form with your letter to the school person who gave it to you.

APPLICATION DEADLINE JANUARY 25, 2019

This application must be submitted, by the school, according to the directions given to school personnel.