KIWANIS EDUCATIONAL FOUNDATION, INC.
MINNESOTA-DAKOTAS DISTRICT of KIWANIS INTERNATIONAL

$ 795.00 ONE-YEAR SCHOLARSHIP GRANT APPLICATION

APPLICATION DEADLINE: JANUARY 24, 2020

PART I Club Information: Please type or print. Date _______________________
Kiwanis Club of ___________________ Division __________
Address ____________________________
City ___________________ Circle MN ND SD WI ZIP __________
President __________________________ Printed Name and Signature of Club President or Secretary

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 __________________________ Graduation Date ________________
Official High School Name __________________________ Phone Number (____) _________
Address ____________________________
City ____________________________ Circle MN ND SD WI ZIP __________
Name ____________________________ Title __________________________
Signature: __________________________ Date __________
Name of Applicant __________________________

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 Friday, January 17
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 ______________

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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 24, 2020

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