

Kiwanis

APPLICATION FOR KIWANIS SCHOLARSHIP AWARD

This application is for any adult or college student requesting scholarship assistance from the LaBelle Kiwanis Club. Please complete this form in full and attach requested documents and mail to:

LaBelle Kiwanis Club
ATTN: Scholarship Committee
PO Box 2161
LaBelle, FL 33975

Full Name _____

Mailing Address _____

Home Telephone (____) _____ Work Telephone (____) _____

Age _____ Sex _____ Marital Status _____ # of dependents _____

School Attending _____

School's Financial Office _____

Mailing Address _____

Estimated Cost of School _____ Length of Course _____

Full or Part Time Student _____ Field of Study _____

Student ID # _____

Please attach the following documents:

- A copy of your Course Schedule – upcoming semester
- A copy of your most current transcripts.

Both of these documents MUST have your Name, Student ID, and College Name printed on them.

I certify that all information contained in this application is true and accurate to the best of my knowledge.

Signature of Applicant Date _____