



Kiwanis Club of Melbourne
P. O. Box 1234, Melbourne, Fl. 32902-1234

Application for \$500 Scholarship

Name: _____
Last First Middle Initial

Address: _____
Street & No. City State & Zip Telephone #

_____ Place of Birth Date of Birth

School Presently Attending:

_____ Name

School for which Scholarship is desired:

_____ Name

_____ Address City State & Zip

Have you been accepted? _____ If accepted, include acceptance letter.

Course of Study (Major):

_____ Field of concentration: i.e., Engineering, Biology, Physics, Art History, Political Science, Nursing, etc.

Final Degree Sought: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED.

What is your grade point average (based on A=4.0) for the past two years of high school? _____
Please attach a copy of your high school transcript.

If you are already taking college or other post secondary courses, what is your cumulative GPA? _____
Please attach a copy of your transcript.

Have you been awarded other scholarships? _____ Please List: _____

List in chronological order all your extra-curricular activities and posts held, beginning with the 9th grade. Include all school-related activities such as Language Club, Honor Society, Civic Support Groups, e.g., Key Club, Civitan, Interact, Church related activities (MYF, EYC, etc.), Sports, Computer Club, and any other activity in which you are involved.

SCHOOL ACTIVITIES:

Honors Classes: _____

School Government: _____

Class Government: _____

School Yearbook/Newspaper: _____

Music—Band, Chorus, Pep Club: _____

Debate Activities: _____

Drama Club: _____

Athletic Teams: _____

Club Memberships: _____

Other: _____

COMMUNITY INVOLVMENT:

Community Organizations: _____

Officer or Member: _____

Volunteer Service Hours/Location: _____

Other: _____

In 200 words or less, tell why you should be awarded a Kiwanis Scholarship and, if chosen, why you believe that you will succeed in your chosen course of study.

***** CONFIDENTIAL *****

Family financial information is used to determine financial need only.
All information will be kept strictly confidential.

Father/Guardian

Mother/Guardian

Name: _____ Name: _____

Approx. Annual Salary: \$ _____ Approx. Annual Salary: \$ _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Are you presently working? _____ No _____ Yes _____ Full Time _____ Part Time

Do you own an automobile? _____ No _____ Yes

Will you be living at: _____ Home _____ School while attending school?

Are your parents planning to assist you with higher education expenses? _____

Do you have any brothers or sisters presently attending college or other post secondary school?

No _____ Yes _____ If so how many? _____

Any other information that should be considered:

This form and all attachments must be returned to the Scholarship Committee, Kiwanis Club of Melbourne, P. O. Box 1234, Melbourne, Fl. 32902-1234. Applications must be received or postmarked by April 1, 2021. Those received after that date will not be considered.

Applicant's Signature: _____

Signature: _____

Parent or Guardian

_____ Date

Signature: _____

Parent or Guardian

_____ Date