

	Address P.O. Box 1
	City, State, Zip Code Lebanon, Indiana 46052
Date January 18, 2024	
	
To: School Counselor	
Dear Terra Query	,
Attached is an application for a \$1,000 scholarsh additional applications, you are free to make copi	ip provided by the Indiana Kiwanis Foundation. If you need
.,	
 Please advertise the availability of the sc 	holarship to your graduating seniors.
The applicants MUST attend a school in	Indiana for their post-high school education to qualify.
A transcript of grades must accompany to	ne application.
 Please remind students to not use the bandard pages for additional information. 	ack side of the application form. They should attach extra
The scholarship application can be found	I in a format that can be typed then printed on our website at
www.indkiw.org. The forms cannot be su	bmitted online, only typed and filled in and then printed for
submission.)	
 The applications must be returned to the no later than <u>Wednesday, February 1</u> 	
Please return to:	
NameMatt Wilson	
Street Address404 W. Camp	St.
City Lebanon, IN	Zip Code46052
Bus. Phone 765-335-0000	Home Phone
Email <u>matt@boonecountyme</u>	entoring.org
Sincerely,	

Kiwanis Club of__

Lebanon

Terry White, Scholarship Chair

KIWANIS INDIANA FOUNDATION, INC. 2024 Scholarship Application

Information & Instructions for Applicant

- Submit your completed application, high school transcript, and attachments to your local Kiwanis Club.
- This is a one-time award of \$1000.00. Applicant **MUST** attend a school in Indiana for their post-high school education to qualify for this award.
- All sections must be completed, and the Sponsoring Kiwanis Club information must also be completed
 by the local Kiwanis Club President or Club Representative.

	PLEASE TYPE or PRINT ENTIRE FORM Attach extra pages as necessary
Applicant's Last Name:	Do not use the back of this form Attachment #1
First Name:	List Extra-Curricular High School Activities & Identify your Leadership
Phone: ()	Role(s)
Street Address:	Attachment #2
	List your Leadership Role in Community Activities (Church, 4-H- Scouts, etc.)
City:	Attachment #3
State / Zip:	List your Community Service & Estimate # of Hours
	(Sophomore – Senior Years)
Email Address:	Attachment #4
Are you a Key Club Member? Yes or No	List your Part-Time Work – Number of Hours (SophSenior Years)
If yes, year(s) a member 20 to 20	Attachment #5 High School Transcript
College / Other Schools you plan to attend:	Academic Achievement GPA as of 12/31/2023:
Degree and Career Goals, if known:	SAT SCORES
	Verbal Math Writing TOTAL
	ACT SCORES
	English Math Reading
	Science Composite English/Writing
	Scholarship Applicant's Signature
	Date:
Is your father a Kiwanis Member? Yes or No	SECTION MUST BE COMPLETED BY SPONSORING KIWANIS CLU
Club Name:	Kiwanis Club/Division:
	Club Mailing Address:
Is your mother a Kiwanis Member? Yes or No	City: St: Zip:
Club Name:	
Have you received other scholarships?	Club President's Name:
If yes, please list them	President's Email:
	Signature of Club President:
	President's Phone: ()
	Sponsoring Kiwanis Club MUST return completed application Ol
	BEFORE FEBRUARY 29, 2024 (late applications will not be consid

RIWANIS INDIANA INDIANA INDIANA