

**KIWANIS CLUB OF  
UTICA - SHELBY TOWNSHIP  
SCHOLARSHIP FUND**

**SCHOLARSHIP APPLICATION**

INSTRUCTIONS: Please type or print all information. Date, sign and mail this completed application along with a copy of your high school/college transcript and any letters of recommendation or other materials which you would like the Scholarship Committee to consider **BY MAIL POSTMARKED NO LATER THAN 1st of April**, to:

Joseph Toia, Scholarship Chairman  
Kiwanis Club of Utica - Shelby Township  
P.O. Box 180487  
Shelby Twp., MI 48318-0487  
(586) 469-5147

DATE:

\_\_\_\_\_

NAME:

\_\_\_\_\_

(Last Name)

(First)

(Middle)

ADDRESS:

\_\_\_\_\_

CITY:

STATE:

ZIP CODE:

\_\_\_\_\_

HOME PHONE:

\_\_\_\_\_

WORK PHONE:

\_\_\_\_\_

DATE OF BIRTH:

\_\_\_\_\_

SOCIAL SECURITY #:

\_\_\_\_\_

NAME OF HIGH SCHOOL:

\_\_\_\_\_

DATE OF GRADUATION:

\_\_\_\_\_

CHECK WHICH EDUCATIONAL PROGRAM YOU PLAN TO PURSUE:

\_\_\_\_\_ Community College or Technical/Vocational School (2 yr.)

\_\_\_\_\_ College/University (4 yr.)

\_\_\_\_\_ Number of credit hours per semester

**CONFIDENTIAL DATA – FAMILY INFORMATION:**

1) PARENT/GUARDIAN:

\_\_\_\_\_  
(Name)

RELATIONSHIP TO APPLICANT:

\_\_\_\_\_  
(Father/Mother/Guardian)

OCCUPATION:

\_\_\_\_\_

2) PARENT/GUARDIAN:

\_\_\_\_\_  
(Name)

RELATIONSHIP TO APPLICANT:

\_\_\_\_\_  
(Father/Mother/Guardian)

OCCUPATION:

\_\_\_\_\_

**SOURCES OF FINANCIAL AID:**

Amount:

- |                               |    |       |
|-------------------------------|----|-------|
| a) Parents                    | \$ | _____ |
| b) Student loans / work study | \$ | _____ |
| c) Grants                     | \$ | _____ |
| d) Savings                    | \$ | _____ |

Names and ages of applicant's brothers/sisters living at home, or, in college and being claimed as a dependent on parents/guardians tax return.

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

List other scholarships you have applied for, or been awarded:		
NAME OF SCHOLARSHIP	DATE OF AWARD	AMOUNT OF AWARD

List job experience during high school:				
EMPLOYER	TYPE OF WORK	DATES EMPLOYED	HOURLY WAGE	HOURS PER WEEK

List the colleges/vocational schools where you have <b>APPLIED</b> and been <b>ACCEPTED</b> : (Please indicate if your application is still pending.)		

Which college or vocational school do you plan to attend during the next academic year?

What will it cost you to attend this college/vocational school for the next academic year?  
(refer to college catalog/literature or see your counselor, if you need help)

Tuition and Fees	\$	_____
Room and Board	\$	_____
Books and Supplies	\$	_____
Travel Expenses	\$	_____
Personal Expenses	\$	_____
<b>TOTAL</b>	\$	_____

Please state any special need for financial aid (include any special family circumstances such as unemployment, illness, death, disability, etc.).

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Please state your goals and career plans:

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Please state any additional information or comments concerning your personal situation which you feel may be helpful to the Scholarship Committee in evaluating your application:  
(Attach additional sheets if more space is needed.)

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List all school and community activities for the past two (2) years.

**HIGH SCHOOL / COLLEGE**

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**ACTIVITIES / CLUBS (INCLUDE KEY CLUB ACTIVITIES):**

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**COMMUNITY SERVICE:**

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I declare that all of the information given in this application is true and accurate to the best of my knowledge, information and belief, and hereby authorize the Utica Community Schools or \_\_\_\_\_ (Name of College) to release to the Kiwanis Club of Utica - Shelby Township Scholarship Committee, any information that may be helpful in the consideration of this application.

I UNDERSTAND THAT IF I AM AWARDED THIS SCHOLARSHIP, I MUST NOTIFY THE UTICA - SHELBY TOWNSHIP KIWANIS SCHOLARSHIP COMMITTEE OF MY EDUCATIONAL PROGRESS DURING THE ACADEMIC YEAR COVERED BY SUCH AWARD.

Dated: \_\_\_\_\_  
\_\_\_\_\_  
(Applicant)

Dated: \_\_\_\_\_  
\_\_\_\_\_  
(Parent / Guardian)

\_\_\_\_\_  
(Parent / Guardian)