



Kiwaniis®

CLUB OF WEST GEAUGA

Dear Scholarship Applicant:

Below you will find the application for the West Geauga Kiwanis Club's Scholarship Award. The Kiwanis Club will award scholarships of varying amounts to the students judged to be the most deserving. It is very important that you fill out your application **in its entirety**, including the requested letters of recommendation and your most recent transcript.

QUALIFICATIONS:

- Applicants must be (have been) a permanent resident in the West Geauga School District at the time of their high school graduation. You can only apply once.
- Applicants must have plans to continue their education full-time at a college, university, or accredited vocational institution during the fall of the year the award is received.
- Applications must be complete. Please make sure you include at minimum **three** letters of recommendation for categories B, C, D, or F (employers, counselors, coaches, teachers, etc.) See application for details.
- Applicants will be graded on their completed application and information obtained by the judges at the personal interview.

APPLICATION DEADLINE IS FRIDAY, APRIL 18, 2025.

(Please Note: Applications received after the deadline will not be accepted)

All Interviews will be conducted at West Geauga High School on Sunday, May 4, 2025, beginning at 1:00 pm. Applicants will be notified of their interview time prior to the interview date.

The Scholarship Awards will be presented on a Tuesday in May 2025 at the West Geauga Kiwanis Club's weekly meeting, which begins at 7:00 pm.

Completed applications are to be mailed or emailed to the following address:

Jim Kish

Scholarship Chairperson
13738 Caves Rd.
Novelty, OH 44072
Email to jim.kish@westg.org

WEST GEAUGA KIWANIS CLUB SCHOLARSHIP APPLICATION

Eligibility for this award is limited to those students who are (were) permanent residents within the West Geauga Kiwanis Service area (West Geauga School District) at the time of their high school graduation. Scholarships are available to qualified high school graduates within two (2) years of graduation. You can only apply for this scholarship once.

Scholarship recipients must have plans to continue their education full-time at a college, university, or accredited vocational institution during the fall of the year the award is received. Applications will be based on academic grades, leadership qualities, school related activities, community involvement, self improvement, financial need, and personal character.

STUDENT INFORMATION

NAME: _____ AGE: _____ SEX: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

HIGH SCHOOL: _____

CAREER INTEREST: _____

FAMILY INFORMATION

FATHER'S NAME: _____

ADDRESS: _____

OCCUPATION: _____

MOTHER'S NAME: _____

ADDRESS: _____

OCCUPATION: _____

NUMBER OF CHILDREN IN YOUR FAMILY: _____

NUMBER OF CHILDREN CURRENTLY IN COLLEGE: _____

YEAR(S): _____

Signature of Applicant

Date

APPLICANT ACTIVITY

- A. SCHOLARSHIP:**
Cumulative Grade Point Average _____ Maximum Points _____
Number of Students in Your Class _____ Class Rank _____

PLEASE INCLUDE YOUR MOST RECENT TRANSCRIPT.

- B. ACTIVE COMMUNITY SERVICE AND NUMBER OF YEARS INVOLVED:**

- C. LEADERSHIP (CLASS OFFICER, CLUB OFFICER, TEAM CAPTAIN, ETC.):**

- D. EXTRA CURRICULAR SCHOOL ACTIVITIES AND YEARS INVOLVED:**

- E. AWARDS OR RECOGNITION RECEIVED:**

- F. PART-TIME EMPLOYMENT (PLEASE INCLUDE RESPONSIBILITIES):**

- G. SCHOLARSHIPS OR OTHER FINANCIAL AID APPLIED FOR AND/OR RECEIVED:**

- H. INCLUDE A LETTER EXPLAINING WHY YOU FEEL YOU SHOULD BE CONSIDERED FOR THIS AWARD. STATE YOUR GOALS AND DESCRIBE ANY SPECIAL CIRCUMSTANCES THAT YOU FEEL SHOULD BE CONSIDERED BY THE SCHOLARSHIP COMMITTEE.**

NOTE:

B, C, D, & F –Minimum requirement of 3 letters of recommendation is required from any of these categories (advisor, teacher, coach, and/or supervisor).

*If additional space is required for the questions listed above, please use the back of this page or an additional sheet of paper.