**Kansas Kiwanis Foundation, Inc.**

**OFFICIAL USE ONLY**

Application #\_\_\_\_\_\_ Division \_\_\_\_\_\_\_\_\_

Postmark \_\_\_\_\_\_\_\_\_\_

Date Rec’d \_\_\_\_\_\_\_\_

**2024-2025**

**HIGH SCHOOL SENIOR Scholarship Application**

(KKF Form 100)

**THIS APPLICATION FORM TO BE USED BY HIGH SCHOOL STUDENTS ONLY!**

**COLLEGE STUDENTS USE KKF COLLEGE SCHOLARSHIP APPLICATION FORM 101**

Kansas Kiwanis Foundation is proud to offer scholarships to deserving students who will be graduates of Accredited Kansas High Schools. Should special circumstances exist they will be evaluated on a case-by-case basis to determine eligibility.

***This scholarship award will be for the academic year 2025-2026 payable to the institution in late August.***

1. Fill out this application **completely** in the space provided. **Failure to do so shall result in your application being disqualified!**  You may go to [www.kskiwanisfoundation.org](http://www.kskiwanisfoundation.org) and go to Forms.
2. Previous editions of this form are obsolete. **Use of any other application format shall result in your application being disqualified**.
3. You do not have to be a member of a Key Club to apply.
4. Mail application and required letter of recommendation to:

**Scholarship Committee, Kansas Kiwanis Foundation, 4011 SW 29th St, #137, Topeka KS 66614**

1. Application **MUST** be emailed or postmarked no later than **February 1, 2025** for your application to be considered.
2. Do NOT include additional pages with the exception of transcripts and reference letter.
3. Use **black** ink to complete this application. If filling out on a computer, Do Not print front to back.

# SECTION I. Personal Information:

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address:

City: \_ State: Zip: Email

**SECTION II. Key Club:** (complete only if a Key Club member)

a. Member of the Key Club. Number of years

b. Office(s) Held/Year: (1) / (2) / (3) / (4) /

1. I certify that the above named applicant is a member in good standing of Key Club of
2. Signed:

Key Club Faculty Advisor, District Key Club Administrator or Local Kiwanis Club Secretary (Circle one)

# SECTION III. Parent or Legal Guardian Information:

1. Name(s) Relationship to applicant: Father\_ Mother Guardian
2. Address:

City: State: Zip: Telephone:

1. Occupation: Father Mother Guardian
2. **Signature of Parent or Guardian**:

# SECTION IV. Kiwanis Club Membership:

a. Do you have a family member in Kiwanis (if so) member name and club?

b. Office(s) Held/Year (1) / \_ (2) / \_ (3) / \_ (4) /

# SECTION V. Scholarship To Be Used At The Following Institution:

## Name of Institution:

1. Address:

**SECTION VI. Activities - Confine lists to the space provided**

## Activities while in **High School only. Do not add years before high school.**

## Use the following format when listing activities:

Activity (Explanation of activity if not well known or obvious), Duration (Years, Weeks, Days of activities)

|  |  |
| --- | --- |
| *Example:*  Student Council, FFA Representative 1 year, V.P. 1 year, Pres. 1 year | Meetings one hour long, every other week  during school. |
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## High School Awards and Honors: Use the following format when listing activities:

Award / Honor (explanation of award if not well known or obvious, year(s) received, source of award

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| --- | --- | --- |
| *Example:*  Prudential Spirit of Community Award | Junior year | Prudential Insurance Company |
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**SECTION VII. Community Service Performed while in High School only. Do not add years.**

Use the below format when listing Service:

#### Specific service or service project, duration (years, months, weeks), total number of service hours involved, origination of the projects (Club, Church, class or individual) Do not group projects. Confine list to the space provided.

*Service which does not qualify includes*: Paid or stipend service, any form of fundraising, lobbying, efforts directed to serve only a family member and serving as an officer of an organization.

|  |  |  |  |
| --- | --- | --- | --- |
| *Example:*  Volunteer in pediatrics ward of St. Francis Hospital | 3 years | 297 hrs total | Self initiated |
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**SECTION VIII. Expectations:** Answer all questions

in the space provided; be specific, limit to 100 words maximum.

1. Discuss your personal strengths that have enabled your success in high school and any life lessons that you have learned.
2. Discuss your career goals and why you have chosen that path.

**SECTION IX. Financial:**

What is the yearly cost of attending your chosen school? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, including tuition and living expenses

How do you plan to finance your education?

List summer and academic-year jobs you have held since entering high school.

List ALL members of your family, including those living at home or currently enrolled in college by name and ages:

Father Mother

Yourself

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

# SECTION X. Transcript Ask your counselor to furnish an OFFICIAL copy of your high school transcript for this application. He/She may include it in the envelope with page 4, or they may simply attach it if their office mails scholarship applications for students.

# SECTION XI. Applicant’s Statement Read Carefully

In submitting this application I certify that:

* 1. I will be a full-time student at the educational institution I plan to attend;
  2. I will use the proceeds of this scholarship for the payment of tuition, required fees, room, board and or required material/books.
  3. I agree to release my grades to the Kansas Kiwanis Foundation and I will request a copy of my official transcript(s) be mailed with this application;

#### I will attach one (1) Letter of Recommendation (page 5) from a community or religious leader, neighbor, or employer. Do not use a staff member or volunteer from your school. and,

* 1. That the information submitted with this application is, to the best of my knowledge, true and correct.

**SIGNED: Date: / / 20**

***SECTION XII. Educational History***

***Student: Complete this section’s information before taking this page to your school counselor. Take an envelope with your name on the outside in which your school counselor can enclose this completed page and seal once it is completed.*** *(All below is required.)*

### Student Name

Name of School from which you will recei*ve your diploma****:***

*Years attended: From: to: School Address*

*Name of School Counselor: Email*

##### SECTION XIII. Evaluation by School Official

***Counselor: please complete the following evaluation of this student. Do Not attach a letter of recommendation. Please seal this page and an official transcript into an envelope if returning to the student to mail. If your school office mails completed scholarship applications and transcripts for students there is no need for the added envelope. Please use black ink.***

*GPA: based on a scale. Class Ranking: of ACT/SAT Composite Score*

*Did this student complete the Kansas Regents Qualified Admissions Curriculum? Yes [ ] No [ ]*

##### A school official must complete the following for this application to be considered. This student is applying for a scholarship, and we use the information in selecting recipients. Due to Federal Legislation the student may request and be given permission to see your recommendation.

*Please evaluate the applicant’s personal qualities*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***PERSONAL***  ***QUALITIES*** | ***Truly***  ***Outstanding*** | ***Excellent*** | ***Good*** | ***Average*** | ***Below***  ***Average*** | ***No Basis for***  ***Judgment*** | ***Comments*** |
| *Motivation* |  |  |  |  |  |  |  |
| *Leadership* |  |  |  |  |  |  |  |
| *Dependability /*  *Responsibility* |  |  |  |  |  |  |  |
| *Cooperation* |  |  |  |  |  |  |  |
| *Intellectual Curiosity* |  |  |  |  |  |  |  |
| *Ability to work*  *independently* |  |  |  |  |  |  |  |
| *Initiative* |  |  |  |  |  |  |  |
| *Self-Discipline* |  |  |  |  |  |  |  |
| *Integrity / Honesty* |  |  |  |  |  |  |  |
| *Resilience* |  |  |  |  |  |  |  |
| *Maturity* |  |  |  |  |  |  |  |
| *Emotional Stability* |  |  |  |  |  |  |  |
| *Social Adjustment* |  |  |  |  |  |  |  |
| *Concern for Others* |  |  |  |  |  |  |  |

***Please mark the basis for your ratings. You may mark as many as apply****.*

*Records and Reports Personal acquaintance Casual Contacts Counseling contacts*

*Committee Evaluation Other*

*Do you recommend this student for admission to an institution of higher education? Yes [ ] No [ ] Any comment you would like to make on behalf of this student:*

***Signature and Title \_ Date***

**Letter of Recommendation**

***Give this sheet to a community or religious leader, neighbor or employer.***

***Do not use a staff member or volunteer from your school.***

*Name of your reference letter author\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*How have you been involved with them\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

## **Attention: Writer of Letter of Recommendation.** We will have a copy of the student’s transcript. The student will list high school activities, awards, honors, and service performed. What we would like from you are comments on the student as a person, the person as a student, how you know the applicant, how long you have had a relationship, and how much you have observed the applicant delivering service to target populations. Please include in what role you are familiar with the student. You may use this page for your letter or use a letterhead.