



KIWANIS CLUB OF MONTICELLO
SCHOLARSHIP APPLICATION
(Attach additional pages if needed)

Name: _____ Date: _____

Address: _____ Date of Birth: _____

Phone Number: _____ E-Mail Address: _____

Father's Name: _____

Father's Address: _____

Father's Employer: _____

Employer's Address: _____

Mother's Name: _____

Mother's Address: _____

Mother's Employer: _____

Employer's Address: _____

Total Number in Family: _____

Number of other family members now attending college: _____

Rank in class: _____ out of _____ Grade Point Average: _____

Schools to which you have applied: _____

Schools to which you have been accepted: _____

College Preference: _____

Field of Study/Major: _____

Other Scholarships/Grants Received: _____

Offices and Honors: _____

School, Sports, and Community Activities: _____

Job/Internship Experience: _____

ON A SEPARATE SHEET OF PAPER, PLEASE SUBMIT A
SHORT TYPED ESSAY STATING THE REASON FOR YOUR
CHOICE OF CAREER, YOUR FUTURE PLANS, AND WHY
YOU FEEL YOU SHOULD BE CONSIDERED FOR THIS AWARD.

RETURN ESSAY WITH APPLICATION BY

APRIL 30, 2018

TO THE STUDENT CENTER