



THE KIWANIS CLUB OF FORT WALTON BEACH  
SCHOLARSHIP APPLICATION

**Deadline for submission: April 16, 2021** Email application to [sykes4615@aol.com](mailto:sykes4615@aol.com) or send to Kiwanis Club, PO Box 2198, Fort Walton Beach, FL 32549

1. Name of Applicant (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

2. Names of Parents: \_\_\_\_\_

Parents' Yearly Income: (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

3. College Name and Major: \_\_\_\_\_

4. Tuition Assistance: List assistance you have applied for or expect to receive. (Use back of this form if necessary):

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

5. Activities & Awards: List extra-curricular activities and special honors or service awards you have received in regard to honor societies, service clubs, offices held, and participation in community activities. (Use back of form if necessary):

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

Student's Signature: \_\_\_\_\_

Parents' Signature: \_\_\_\_\_

Weighted GPA \_\_\_\_\_ Unweighted GPA \_\_\_\_\_

SAT Score \_\_\_\_\_ ACT Score \_\_\_\_\_ Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_

Furnish the names of two teachers and your senior counselor, who, by their signatures below, indicate your worthiness and academic qualifications in consideration for this scholarship.

\_\_\_\_\_  
Signature Teacher

\_\_\_\_\_  
Signature Teacher

\_\_\_\_\_  
Signature Counselor

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name