

Cape Coral Kiwanis Foundation

PO Box 100006
ATTN Scholarship
Cape Coral FL 33910-0006

2017 Scholarship Application

ELIGIBILITY REQUIREMENTS

1. Must be a resident of Cape Coral for at least one calendar year from the application deadline, and a citizen of the United States.
2. Must maintain an overall un-weighted 3.5 GPA at the time of application.
3. Must be accepted by an accredited college / university in the United States.
4. Demonstrate financial need and show evidence of leadership in high school
5. Mail to Kiwanis by February 28th this completed and signed application, to include:
 - Official copy of high school transcript
 - Copy of SAT or ACT test score
 - Three letters of recommendation from non-relatives
 - Copy of your returned FAFSA report showing your Estimated Family Contribution

All documents provided to the Cape Coral Kiwanis Foundation Scholarship Committee are treated as confidential, and will not be disclosed to outside parties.

PERSONAL INFORMATION

Name _____ D.O.B. ___/___/___ Social Security # _____
Or
Student ID (preferred) _____

Address _____

Phone # _____ Email Address _____

Schools attended as a H.S. Junior / Senior _____

Graduation Date ___/___/___ Rank in Class _____ Number in Class _____ Cumulative Un-weighted GPA _____

SCHOLASTIC (use separate sheet if necessary)

Honors and Awards Received (year and nature of award):

Offices and Positions of Leadership (Organization, Position, year):

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UNIVERSITY

College / University you plan to attend: _____

Start Date: ___ / ___ / ___ Intended Major: _____

KEY CLUB / KIWANIS SERVICE

If you are a Key Club member, please have advisor sign: _____

If you have ever volunteered with Kiwanis, please have advisor sign: _____

COMMUNITY SERVICE

On page three, list community services provided. Enter total hours contributed here _____

EXTRA CURRICULAR

On page three, list any and all clubs, teams, and organizations to which you belong. Indicate in which ones you held office or position of leadership. Also indicate how many years active in each organization.

ESSAY

Please write, in your own handwriting, the required essay on page four. You may use additional pages if needed. We want to know you better; and this essay is your opportunity to tell us about you. We want to know about your aspirations, accomplishments, experiences, and the influences, such as people, events, conditions, and observations, that have made you who you are and have determined the path you have chosen to take. Write about at least three of the above topics. Do not write about what being awarded a scholarship would mean to you and your family financially; we already know it would benefit you and your family.

SIGNATURE

I certify that all of my answers are true to the best of my knowledge and all documents associated with this application are valid.

Student Signature

Date

REMINDER

APPLICATIONS MUST BE POSTMARKED NO LATER THAN THE 28th OF FEBRUARY, 2017

KIWANIS IS NOT RESPONSIBLE FOR LOST OR LATE ENTRIES. WINNERS WILL BE NOTIFIED BY PHONE OR EMAIL NO LATER THAN April 1. ANY QUESTIONS ABOUT THIS SCHOLARSHIP CAN BE DIRECTED TO scholarship@mycapecoralkiwanis.org.

COMMUNITY SERVICE

EXTRACURRICULAR ACTIVITIES

(List ALL, including those not affiliated with school)

PERSONAL ESSAY