MITCHELL KIWANIS CLUB SCHOLARSHIP APPLICATION

$500 scholarship awarded

This form **plus two letters of recommendation** must be submitted by **April 1, 2024**.

Attach to an email and send to mitchellkiwanis@yahoo.com or mail to Mitchell Kiwanis Club

PO Box 131

Mitchell, SD 57301

**Application Data**

|  |  |
| --- | --- |
| Name |  |

 Last First Middle Initial

|  |  |
| --- | --- |
| Address |  |

Street Address City State Zip Code

|  |  |
| --- | --- |
| Telephone |  |

|  |  |
| --- | --- |
| Email  |  |

|  |  |
| --- | --- |
| Name of Parent or Guardian |  |

|  |  |  |
| --- | --- | --- |
| Applicant Signature |  |  |

Date

**Post-Secondary Plans:**

Name of college you are planning to attend upon graduation from high school. List those you are considering if you have not yet decided.

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|  |

 Name of College/University City/State

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 Name of College/University City/State

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 Name of College/University City/State

High School Involvement and Activities: (please list or attach)

Community Involvement: (please list or attach)

Have you volunteered for a Kiwanis event? What event and what did you do?

Please summarize your post-high school goals:

**Kiwanis is all about kids, our motto is changing the world one community and one child at a time. If you could make a difference in the life of a child, what would you do?** (Write a minimum of 250 words to a maximum of 500) **Grammar and punctuation are considered in the evaluation process.**

Please include two letters of recommendation.