

*Kiwanis Educational Foundation*  
*\$700.00 Award*  
*SCHOLARSHIP INSTRUCTIONS FOR*  
*SCHOOL PERSONNEL*

**School Information:**

**NOTE: This is dated material and must be postmarked no later than Friday January 26, 2024.**

Mail completed application to:     John Zierdt, Scholarship Chair  
  KIWANIS EDUCATIONAL FOUNDATION INC.  
  914 Southern Pine Ln SW  
  Rochester, MN 55902

*A school may send in a MAXIMUM of THREE student applications for consideration by the judges.*

*Please make photocopies and send 3 PHOTOCOPIES of each applicant's complete packet of materials.*

*Send the 3 Photocopy Packets ALONG WITH THE COMPLETE ORIGINAL PACKET OF MATERIALS for a total of 4 COMPLETE PACKETS for each applicant.*

**INSTRUCTIONS:** Please adhere to the following qualifications. Applicants must be a graduate from a high school in Minnesota, North Dakota or South Dakota; and Superior Wisconsin, and **must attend a college or university located in Minnesota, North Dakota, South Dakota or Superior, Wisconsin.**

**Information to be submitted by the school is as follows:**

- > Original plus 3 copies of the applicant's transcript;
- > Original plus 3 copies of the letter of recommendation addressing applicant's character, attitude, and level of responsibility from the nominating school staff member;
- > Original plus 3 copies of the applicant's letter.
- > Original plus 3 copies of the application form (both sides)

**If the application is not completely filled out and if all directions are not followed the student's application will be disqualified.**

**NOTE: This is dated material and *must be mailed, through US Mail, by the High School Personnel* no later than Friday January 26, 2024.**

# KIWANIS EDUCATIONAL FOUNDATION, INC.

MINNESOTA-DAKOTAS DISTRICT of KIWANIS INTERNATIONAL

\$ 700.00 ONE-YEAR SCHOLARSHIP GRANT APPLICATION

APPLICATION DEADLINE

JANUARY 12, 2024

**PART I Club Information: Please type or print.**

Date \_\_\_\_\_

Kiwanis Club of Aberdeen Division \_\_\_\_\_  
Address PO Box Official Club Name 7557  
City Aberdeen Circle MN  ND  SD  WI ZIP 57402  
President Carla Carter  
Printed Name and Signature of Club President or Secretary

**INSTRUCTIONS:** Complete the above information before giving this form to the Principal or Counselor of a high school only in the community where this club meets and/or members reside. The completed form may be photocopied as frequently as needed.

**PART II School Information: Please type or print.**

School Name \_\_\_\_\_ Graduation Date \_\_\_\_\_  
Official High School Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
City \_\_\_\_\_ Circle MN ND SD WI ZIP \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name of Applicant \_\_\_\_\_

**INSTRUCTIONS:** Please adhere to the following qualifications. Applicants must be a graduate from a high school in Minnesota, North Dakota, South Dakota or Superior, Wisconsin and must attend a college or university located in Minnesota, North Dakota, South Dakota or Superior, Wisconsin.

**ATTACHMENTS REQUIRED:** the applicant's letter; a copy of the applicant's transcript; the nominating school staff member's letter of recommendation addressing the applicant's character, attitude, and level of responsibility.

### PART III Student Information: *Please type or print*

Name Printed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Circle MN ND SD WI ZIP \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Contact Information: Phone Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

With whom do you live? (Please circle one.) Parents Parent Guardian  
Name(s) \_\_\_\_\_  
Occupation(s) \_\_\_\_\_

Address (If different from student's) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Brothers and Sisters Name	Age	Attending College? Y/N	Name	Age	Attending College? Y/N
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

College or University you most likely will be attending? \_\_\_\_\_

**NOTE:** Scholarship may only be used in institutions of post-secondary education located in:  
**Minnesota, North Dakota, South Dakota and Superior, Wisconsin.**

**INSTRUCTIONS:** A student letter must be attached. Your letter should include the following:

- An introduction of yourself;
- Academic awards and honors;
- Extracurricular activities and awards;
- Community service performed;
- Organizations to which you belong in your school;
- Tell about your plans for using your post-secondary education.

Please do not hesitate to add anything that may aid the committee in making a selection such as family situations or financial need. **Return this form with your letter to the school person who gave it to you.**

**APPLICATION DEADLINE      JANUARY 12, 2024**

**This application must be submitted, by the school, according to the directions given to school personnel.**