



# Kiwaniis<sup>®</sup>

## CLUB OF LITCHFIELD

**Kiwaniis Club of Litchfield Scholarship Application - 2025**  
**Mailing Address: P.O. Box 183, Litchfield Park, Arizona 85340**  
**Email contact is: [KiwaniisLitchfield@gmail.com](mailto:KiwaniisLitchfield@gmail.com)**  
**Application Deadline: April 4, 2025**

### Application Information

Student Full name:

\_\_\_\_\_

*Last*

*First*

*M.I.*

Date:

\_\_\_\_\_

Address:

\_\_\_\_\_

*Street address*

*Apt/Unit #*

Phone:

\_\_\_\_\_

Personal Email:

\_\_\_\_\_

*City*

*State*

*Zip Code*

Do not use school email

Years of AZ Residency

\_\_\_\_\_

Date Of Birth

\_\_\_\_\_

Years at Current High School

\_\_\_\_\_

Please list other High Schools attended, if applicable (List name, City, Dates)

\_\_\_\_\_

Were you in a Key Club?

Yes  No

If yes, how many years and who was your Faculty Advisor?

\_\_\_\_\_

### Family Information

Name of Parent(s)/Legal Guardians (if applicable)

\_\_\_\_\_

Occupation of Parent(s)/Legal Guardians (if applicable)

\_\_\_\_\_

## For Financial Need Purposes

Annual Family  
Income

Number  
/Ages of  
Siblings

# of Siblings in  
College/Trade  
School

## Graduation Information

Use your current official transcript to complete this section.

Class Rank:

# of  
students in  
Graduating  
Class

## Disclaimer and signature

I certify that I have read and understand the “Kiwanis Club of Litchfield Scholarship Application and Instructions” and that my answers are true and complete to the best of my knowledge. If this application leads to me being awarded a Kiwanis of Litchfield scholarship, I hereby agree to fully abide by and comply with the procedures in paragraphs 7 and 8 of those Application Instructions. I further understand that false and misleading information in my application or interview may result in the termination of my application and release from the scholarship program.

Signature:

Date:

Parent/Leg  
al Guardian  
Signature

Date:

\*\*\*\*\*APPLICATION DEADLINE: APRIL 4, 2025\*\*\*\*\*