



Kiwanis®

CLUB OF LITCHFIELD

Kiwanis Club of Litchfield Undergraduate Scholarship Application - 2025

Mailing Address: P.O. Box 183, Litchfield Park, Arizona 85340

Email contact is: Darren Mullins at darren@cityscapeinsurance.com

Application Deadline: Must Be Postmarked by June 7, 2025

Application Information

Student Full Name (Last, First Middle): _____

Arizona "Home" Address: _____

Phone: _____ Email: _____

Years of Arizona Residency: _____ Date of Birth: _____

Current College Name: _____ Years Attended (So Far): _____

Current College Address: _____

Arizona High School Attended: _____ Graduation Year: _____

Were You / Are You in A Key Club and/or Circle K Club? _____ How Many Years: _____

If Yes, What School and Who Was Your Faculty Advisor? _____

Family Information

Parent(s) / Legal Guardian(s) Name(s):

Parents(s) / Legal Guardian(s) Occupation(s):

For Financial Need Purposes

Annual Family Income: _____ Number and Ages of Siblings: _____

GPA & Grade Information - Use Your Most Recent (Spring 2025) Transcripts to Complete the Section

Current GPA: _____ Lowest Grade Achieved (Nothing Worse Than a "C": _____

Spring 2025 Credit Hours Attended: _____ Expected Fall 2025 Credit Hours: _____

***** PLEASE ATTACH YOUR MOST RECENT SPRING 2025 TRANSCRIPTS FOR REVIEW*****

Community Service Information - Please list description of, total hours, and organization performed for of all community service you have performed in the past 12 months. Verification will be required.

*** PLEASE ATTACH COMMUNITY SERVICE VERIFICATION LETTERS SIGNED BY ORGANIZERS FOR REVIEW***

Letters Of Recommendation - Please provide two signed letters of recommendation from members of the community and/or faculty from your school (not from friends or family members) explaining why they believe you are deserving of the Kiwanis Club of Litchfield Undergraduate Scholarship and should be considered.

***** PLEASE ATTACH TWO SIGNED LETTERS OF RECOMMENDATION FOR REVIEW*****

Disclaimer and Signature

I certify and acknowledge that I have read and understand the “Kiwanis Club of Litchfield Undergraduate Scholarship Application” and its requirements and questions and that my answers are true and complete to the best of my knowledge and believe that I meet the requirements for possible selection. If this application leads to me being awarded a Kiwanis of Litchfield Undergraduate Scholarship. I further understand that false and misleading information in my application or interview may result in the termination of my application and release and exclusion from this and future scholarship programs and Kiwanis sponsored benefits.

Printed Name: _____

Signature: _____

Date Signed & Acknowledged: _____

*******APPLICATION DEADLINE: JUNE 7, 2025*******