



Kiwanis[®]

CLUB OF LITCHFIELD

Kiwanis Club High School College Scholarship Application - 2026

Send Completed Applications To: P.O. Box 183, Litchfield Park, AZ, 85340

Email Questions To: rontherealtoraz@gmail.com

Application Deadline: Must Be Postmarked by March 31, 2026

Application Information

Student Full Name (Last, First Middle): _____

Arizona Home Address: _____

Phone: _____ Email: _____

Years of Arizona Residency: _____ Date of Birth: _____

High School Name: _____ Graduation Year: _____

High School Address: _____

College Attending: _____ Graduation Year: _____

College Address: _____

Were / Are You In A High School Key Club or Other Clubs? _____ How Many Years: _____

If in Key Club, 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 High School Transcripts To Complete This Section

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

***** PLEASE ATTACH YOUR MOST RECENT HIGH SCHOOL TRANSCRIPTS FOR REVIEW*****

Community Service Information - Please list all community service you have completed in the past 12 months. For each activity, include a brief description, the organization where it was performed, and the total number of hours. 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 High School Graduate College Scholarship.

***** 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 High School Graduate Scholarship Application” and its requirements and questions and that my answers are accurate to the best of my knowledge and I believe that I meet the requirements for possible selection. I further understand that false and misleading information in my application or interview will result in the termination of my application and exclusion from this and future scholarship programs and Kiwanis sponsored benefits.

Printed Name: _____

Signature: _____

Date Signed & Acknowledged: _____

******* APPLICATION DEADLINE: MARCH 31, 2026*******