



Kiwanis[®]

CLUB OF LITCHFIELD

Kiwanis Club Undergraduate 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: _____

Current College Name: _____ Graduation Year: _____

Current College Address: _____

Arizona High School Attended: _____ Graduation Year: _____

Were / Are You In A Key Club or Circle K Club? _____ 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 (Fall 2025) Transcripts To Complete This Section

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

Spring 2026 Credit Hours Attending: _____ Expected Fall 2026 Credit Hours: _____

***** 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 and should be considered for the Kiwanis Club of Litchfield Undergraduate 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 Undergraduate Scholarship Application” and its requirements and questions and that my answers are true and complete 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*******