



Kiwaniis[®]

CLUB OF LITCHFIELD

Kiwaniis Club of Litchfield Scholarship Application - 2024
Mailing Address: P.O. Box 183, Litchfield Park, Arizona 85340
Email contact is: KiwaniisLitchfield@gmail.com
Application Deadline: April 12, 2024

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 12, 2024*****