

ROCKY MOUNTAIN DISTRICT KIWANIS – CASTLE ROCK CLUB
PO BOX 222 CASTLE ROCK CO, 80104
Meetings: 7AM Thursdays at Village Inn



APPLICATION FOR SCHOLARSHIP

NAME: _____ **DATE:** _____

DATE of BIRTH: _____ **SOCIAL SECURITY NO.** _____

ADDRESS: _____

HIGH SCHOOL GRADUATING FROM: _____

EXPECTED DATE OF GRADUATION: _____

GRADE POINT AVERAGE: _____ **out of possible**

COLLEGE/VOCATIONAL SCHOOL: _____

ACCEPTED (Y/N) _____ **REGISTERED (Y/N)** _____ **START DATE:** _____

EXPECTED COURSE OF STUDY: _____

EVIDENCE OF DEMONSTRATED LEADERSHIP: _____

STATEMENT OF FINANCIAL NEED: _____

EVIDENCE OF SERVICE RENDERED TO OTHERS: _____

THREE REFERENCES (NAME, RELATIONSHIP & PHONE NUMBER):

(1) _____

(2) _____

(3) _____

I certify that the above information is true and complete.

Signature