Onsted Kiwanis Community Foundation Scholarship Application

Name		Date
Address (include towr	ו & zip)	
Phone: Home	Work	Cell
College		_HighSchool
High School GPA	College GPA	
Additional courses of	training (where,year	rs)
Course of study or tro	aining you plan to pur	^Sue
College, institution, or	• school you will atte	nd
		ole to you
Please check if you:	Are a nontradi [.]	tional student
,		ity documented with an IEP
	Were a Key Cl	ub member. In what years?
Please attach these it3 letters of recom	mendation	
	oout yourself, your no or honors received	eed, your expectations related to your
	community activities nd Kiwanis' projects	s in which you have participated; please
This scholarship can be aw It is understood that whe decision of the Onsted Kiv	en you apply, and sign th	ne application form, you accept in good faith the
Signed		Date

Application due to high school counseling office or Kiwanis' member by March 25, if it is <u>not</u> submitted through the Lenawee County Foundation site.