

NORTH KANSAS CITY KIWANIS APPLICATION FORM

APPLICANTS NAME

HIGH SCHOOL

HOME ADDRESS

HOME AND/ OR CELL PHONE

PARENTS'/GUARDIANS' NAMES:

STUDENT COUNSELOR:

SCHOOL ACTIVITIES (CLUBS,SPORTS,ACADEMICS)

COMMUNITY ACTIVITIES

WORK EXPERIENCE IF ANY

EDUCATIONAL PLANS AN CAREER GOALS

SPECIAL RECOGNITIONS AND HONORS RECEIVED:(INCLUDE ANY AND ALL SCHOLARSHIPS OR OTHER FINANCIAL AID RECEIVED

NEED (PERSONAL/FAMILY CIRCUMSTANCES THAT SHOULD BE CONSIDERED

IF YOU RECEIVE THIS SCHOLARSHIP, ARE YOU WILLING TO SPEAK AT THE NORTH KANSAS CITY KIWANIS WEEKLY LUNCHEON?

\*\*\*\*\*TO BE COMPLETED BY COUNSELOR ONLY\*\*\*\*\*

APPLICANT GPA:

CLASS RANK:

CLASS RANK%ILE:

ACT COMPOSITE SCORE:

SAT Q SCORE:

SAT V SCORE:

RECOMMENDATIONS/COUNSELOR COMMENTS( IF NOT ENOUGH SPACE  
PLEASE ATTACH)

**DEADLINE: APRIL 25, 2010**

Mail complete form to:

Mr. Pat Ryan  
310 NW Englewood Rd.  
Gladstone, MO 64118

816-454-0929