



# Kiwanis Club of West Richmond Scholarship Program Application



Recipients of this Scholarship will have \$1,250 paid annually on their behalf to a 4-year, accredited institution, for a total scholarship of **\$5,000** in a 4-year period. Applicants must be a high school senior with a cumulative GPA of at least 3.0. Applicants must plan on attending an accredited, 4-year educational institution as a full-time student in the fall semester immediately following graduation. All applications and accompanying material must be turned in by April 15<sup>th</sup>.

**PLEASE PRINT OR TYPE ALL INFORMATION**

Applicant's Name (Last, First, Middle Initial): \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

High School Presently Attending: \_\_\_\_\_

College Planning to Attend: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Telephone: \_\_\_\_\_

**APPLICATION CHECKLIST. APPLICANTS MUST PROVIDE THE FOLLOWING WITH THIS APPLICATION.**

- High School Transcript, including GPA and SAT or PSAT scores.
- A copy of applicant's **Student Aid Report (SAR)** with the **Expected Family Contribution** noted. The applicant will receive his/her **SAR** from the Federal Government Processing after completing the **Free Application for Federal Student Aid (FAFSA)**. *(If the applicant's SAR has not arrived by the week before the April 15<sup>th</sup> deadline, please send a copy of the FAFSA submitted to the government. If you have not yet done your FAFSA and need assistance please contact the Great Aspirations Scholarship Program hotline 804 323 6996 to find a GRASP advisor near you to assist with the process.)*
- A personal statement using a minimum of 50 words and a maximum of one (1) page, explaining who you are and your goals.

*I certify that I am eligible for this scholarship, and the information provided is true to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please call 804-337-6710 if you have questions about the Kiwanis Club of West Richmond Scholarship Program.*

**Distributed by the Great Aspirations Scholarship Program, Inc. (GRASP) [www.grasp4virginia.com](http://www.grasp4virginia.com)**

*Please send completed application and supporting documents to:*

**Kiwanis Club of West Richmond Scholarship Program**

**c/o GReat Aspiration Scholarship Program, Inc.**

**4551 Cox Road, Suite 110**

**Glen Allen, VA 23060**

Both pages of this packet must be fully completed and submitted by April 15<sup>th</sup> to be considered.



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Applicant Name \_\_\_\_\_

Current High School \_\_\_\_\_

**I. EMPLOYMENT HISTORY DURING THE PAST THREE YEARS (FULL OR PART TIME):**

Employer	Approx. Dates	Supervisor & Supervisor's Telephone	Type of Work

**II. COMMUNITY SERVICE:**

Name of Organization Organization Telephone	Grade Level				Position Held	Sponsor
	9	10	11	12		

**III. EXTRACURRICULUR ACTIVITIES:**

Name of Activity	Grade Level				Position Held	Sponsor Sponsor Telephone
	9	10	11	12		

*COPIES OF ALL REQUIRED DOCUMENTATION MUST ACCOMPANY EACH SCHOLARSHIP APPLICATION SUBMITTED. If additional space is needed for employment history, community service, and/or extracurricular activities, make additional copies of this sheet to submit.*

Both pages of this packet must be fully completed and submitted by April 15<sup>th</sup> to be considered.