



Kiwanis is a global organization of volunteers  
dedicated to changing the world, one child and  
one community at a time.

## **Harrisburg Kiwanis Club Youth Foundation, Inc. Scholarship**

### **Applicant Instructions**

#### **Complete the application:**

Complete the enclosed application and return it along with the required references **to your guidance office by Monday, February 27, 2017.** Your guidance counselor must mail the completed application, reference letters, and academic record by March 1, 2017 to: Kiwanis Club of Harrisburg, Attn: Dick Placey, 3621 N. Front Street, Harrisburg, PA 17110.

#### **Interview process:**

Applicants will be interviewed by two members of the Harrisburg Kiwanis Club. Sometime in March or early April you will be notified by your guidance office of your interview date. Interviews will take place at your school, during school hours. Come to your interview prepared to talk about your personal accomplishments, things you are most proud of, future plans and goals, and your current and future plans for community involvement.

#### **Award notification:**

Award winners will be announced and presented the award at their high school Senior Awards Ceremony.

**Kiwanis Club of Harrisburg**



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**THE HARRISBURG KIWANIS YOUTH FOUNDATION, INC.**

**SCHOLARSHIP APPLICATION**

**Return Application to Your Guidance Office by Monday, February 27, 2017**

Please type or print in ink the following information:

**APPLICANT NAME** \_\_\_\_\_ **TEL #** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

Street

City

State

Zip

**PARENT/GUARDIAN NAME** \_\_\_\_\_ **TEL#** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

Street

City

State

Zip

**I. EXPLAIN REASONS FOR NEEDED ASSISTANCE:**

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**II. REFERENCES:** We request you attach **two letters of reference** to this application. Letters can be from Clergy, Community Leaders, Guidance Counselors, Teachers, Key Club Advisors or any other professional.

**THE HARRISBURG KIWANIS YOUTH FOUNDATION, INC.**

**SCHOLARSHIP APPLICATION**

**III. LIST YOUR SCHOOL AND COMMUNITY ACTIVITIES (use this space only):**

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**IV. DOES YOUR HIGH SCHOOL HAVE A KEY CLUB?    Yes \_\_\_\_\_ No \_\_\_\_\_**  
**IF SO, ARE YOU A MEMBER?    Yes \_\_\_\_\_ No \_\_\_\_\_**

**V. NAME AND ADDRESS OF INSTITUTION OF ACCEPTANCE (if still in the application process, school(s) you are considering):**

**Institution Attending:** \_\_\_\_\_

**Address of Institution:** \_\_\_\_\_  
\_\_\_\_\_

**VI. \*ACADEMIC RECORD: (Please Attach)**

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**\*Students applying are required to obtain the signature of the Guidance Counselor:**

**Guidance Counselor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**School** \_\_\_\_\_

**Date & Time of School's Award Ceremony** \_\_\_\_\_

**VII. PROVIDE ANY OTHER INFORMATION YOU DEEM NECESSARY:**

**THE HARRISBURG KIWANIS YOUTH FOUNDATION, INC.**

**SCHOLARSHIP APPLICATION**

**Financial Need Information**

**Student Name:** \_\_\_\_\_

**Name of Institution Planning to Attend:** \_\_\_\_\_

(If you are still in the application/selection process complete this info for each institution you are considering)

**First Year Expenses:**

<b>Tuition and Fees</b>	\$ _____
<b>Rent or Room</b>	_____
<b>Food or Board</b>	_____
<b>Books and Supplies</b>	_____
<b>Clothing and Laundry</b>	_____
<b>Transportation</b>	_____
<b>Other Expenses Total (*list below)</b>	_____
<b>Total</b>	\$ _____

**First Year Sources of Income:**

<b>From Parents or Guardians</b>	\$ _____
<b>Gifts and/or Grants</b>	_____
<b>Scholarships Total (*list below)</b>	_____
<b>Savings</b>	_____
<b>Loans</b>	_____
<b>Employment</b>	_____
<b>Other Income</b>	_____
<b>Total</b>	\$ _____

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**\*Additional Information**

**Guidance Office to Mail Completed Application to:**

**Kiwanis Club of Harrisburg  
Attn: Dick Placey  
3621 N. Front Street  
Harrisburg, PA 17110**