

SOUTHWEST DISTRICT KIWANIS FOUNDATION

\$1,000.00 BOB KAY MEMORIAL SCHOLARSHIP APPLICATION



Supported by the Ellis Brown Youth Endowment Fund

PRINT OR TYPE ALL DETAILS ON APPLICATION FORM

Name		
Address		
City	State	ZIP
Home Telephone		
Email Address		
High School Attending	City	
Please indicate on the following form your <i>Leadership</i> ex include two letters of recommendation. Attach an official tacademics, leadership skills, and community service. Final	ranscript. Scholarship will be	e awarded based on
The scholarship will be awarded after the first grading peritranscript and proof of continuing education is received from BETTER IS A CONDITION OF THE AWARD.		
Signed	Date	
MAIL (do not email) THE COMPLETED APPLICATION W 2020 TO:	TITH SUPPORTING DOCUMI	ENTS BY MARCH 7,

Stephanie Carrasco 1118 E Via Nicola San Tan Valley, AZ 85140

EMAIL: mns24@aol.com

CRITERIA FOR BOB KAY MEMORIAL SCHOLARSHIP

l.	Leadership – List School Club Names and offices held or other organizations, ie. JROTC – Commander 2018-19, Yearbook Editor – 2017, Village Meadows Baptist Church – Youth Leader 2016-20. Attach additional pages if necessary.
a.	
b.	
C.	
d.	
II.	Service to Community - List your community service and hours served. Attach additional pages if necessary.
	Organization Served Hours
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
	TOTAL NUMBER OF HOURS:

Statement of financial need – Please list other sources of financial aide available to your student.
Briefly describe how this scholarship will help your student to pursue their education?
Signature of parent or guardian

Please write about your favorite service project. Include the purpose, who and how many were involved, how many benefited, how did they benefit, cost and why this is your favorite project. Must not be more than 1,000 words.