NOTE TO ALL APPLICANTS FOR THE KIWANIS ACADEMIC SCHOLARSHIP (2025-2026 Academic Year)

The Sanibel-Captiva Kiwanis Club is offering scholarships to full-time students based on financial need, academic ability, and diversity of interests. Eligible applicants of any age must be attending a college for an undergraduate degree or attending a vocational school.

Each Applicant must be a permanent resident of Sanibel or Captiva, work here full time or be able to show that his/her parent or guardian is a full-time employee on the islands. Considerations will be given to the unique circumstances due to the effects of Hurricane Ian.

Since we are primarily interested in helping students who have significant financial needs, we ask you to complete the enclosed application form. All information provided will be treated with confidence and reviewed only by our independent selection committee.

The award of these scholarships will be made no later than May 9, 2025. Applications and all supporting documents must be in our hands <u>no later than March 28, 2025.</u> INCOMPLETE APPLICATIONS WILL BE REJECTED. The application and all required documentation should be emailed to Grace Murphy at <u>sancapkiwanisscholarship@gmail.com</u> in one PDF file or Word file, or can be mailed to the following address:

Sanibel Captiva Kiwanis Club P.O. Box 1 Sanibel, FL 33957

ATTN: Scholarship Committee

Documentation Required

- Complete and Signed Application Form
 - Two Letters of Recommendation from NON-Relatives
 - Transcripts, SAT/ACT, as appropriate (unofficial transcripts for the most recently completed term)
 - First and Second pages of Parents'/Guardians' most recent 1040. One from each Parent/Guardian required if filing separately
 - First and Second page of Applicant's most recent 1040 (if applicable)
 - Any additional information or documentation that may be helpful to the Review Committee

KIWANIS CLUB OF Sanibel/Captiva

LEADERSHIP

Scholarship Application (2025-2026 Academic Year)

Based on Scholarship, Leadership and Financial Need

Must be returned by Friday, March 28th

Name:		Socia	Security	y:	
Address:	City:	S	t:	Zip:	
Home Phone:		_Cell:			
Email Address:		Date of	Birth:		
High Schools or Colleges	attended	:			
NAME OF SCHOOL		ATTENDED FI	ROM/TO		
NAME OF SCHOOL		ATTENDED FI	ROM/TO		
NAME OF SCHOOL		ATTENDED FI	ROM/TO		
Date will graduate	Numb	er in Class	Ran	k in Class	

SCHOLASTIC

HONORS AND AWARDS RECEIVED (Year and Nature of Award):
OFFICES AND POSTIONS OF LEADERSHIP (Organization, Position, Year):
MEMBER OF ORGANIZATION (Where no office was held, e.g. Band 2, 3):
EXTRA CURRICULAR
HONORS AND AWARDS RECEIVED (Year and Nature of Award):
OFFICES AND POSTIONS OF LEADERSHIP (Organization, Position, Year):
MEMBER OF ORGANIZATION (Where no office was held, e.g. Band 2, 3):

EMPLOYMENT

PLACE OF EMPLOYMENT:			
ADDRESS:	CITY:	ST:ZIP:	
JOB TITLE:	SUPERVISC	R NAME:	
START DATE:	END DATE:_		
AVERAGE NUMBER OF HOU	RS WORK PER WEEK:		
	COLLEGE		
WHICH COLLEGE OR UNIVE	RSITY DO YOU PLAN	ΓΟ ATTEND?	
WHAT IS YOUR INTENDED N	MAJOR?		
WHEN DO YOU PLAN TO ST	ART?		
Student's Signature	_	 Date	-

ALL INFORMATION ON THIS SHEET WILL BE CONSIDERED CONFIDENTIAL

Name of Father or Guardiar	n (indicate which):	
Address (if not the same as	home address):	_
Home Phone:	_Office:	Cell:
Email:		
Occupation:	Employer:	
Name of Mother or Guardia	n (including maiden nan	ne):
Address (if not the same as	home address):	
Home Phone:	_Office:	Cell:
Email:		
Occupation:	Employer:	_
Brothers and sisters (list in	order, including self), s	tarting with eldest:
<u>Name</u>		<u>Age</u>

PROJECTED BUDGET FOR NEXT SCHOOL YEAR

Estimated Receipts:	
Scholarships	
Loan(s)	
Summer Earnings	
School Year Earnings	
Florida Pre-Paid	
Other Income a) Funds from Parents	or Guardians
b) Funds from relative	s or friends
c) Other Sources	
TOTAL RECEIPTS	
Estimated Costs:	
Tuition	
Room & Board	
Books & Supplies	
All Other Expenses	
2 = Ap 3300	
TOTAL COST:	

COLLEGE EXPERIENCE PREPARE YOU TO ACHIEVE YOUR LIFE GOALS?		