

KIWANIS CLUB OF HIGH POINT
2015 Two-year Academic
or
Two-year Vocational Scholarship
Guilford Technical Community College
value of scholarship - \$1000 each year
Information and Application Form

CRITERIA FOR APPLICATION

1. U.S. Citizen and resident of North Carolina.
2. High school senior attending a senior high school located in High Point, NC.
3. Financial need
4. Completed application **postmarked on or before March 15, 2015**

APPLICATION FORM--Please Print

1. Full Name _____
2. Home Address _____

3. Mailing address (if different than home address) _____
4. Email address _____
5. Home Phone _____ Cell _____
6. High Schools Attended and Dates attended _____

7. Cumulative weighted GPA

(If additional space is needed for the following please use a separate sheet.)

8. School involvement and accomplishments _____

9. Community involvement and accomplishments _____

10. Other personal interests and accomplishments _____

11. Work experience _____

I certify that all information in this application is true and correct.

Signed: _____
Student

Signed: _____
Principal or guidance counselor

FINANCIAL INFORMATION

All financial matters will be kept confidential

Financial information forms will be destroyed after evaluation by the Committee

1. Student's full name _____
2. Parents'/guardians' full names _____
3. Permanent Address _____

4. Mailing address (if different than above) _____
5. Phone Numbers (home, work, cell) _____

6. Student's primary financially responsible parent/guardian:
Place of employment _____
Job Title _____ Years in present position _____
Employer's Address _____

Annual gross earnings from most recent federal tax return \$ _____

7. Other financially responsible parent/guardian:
Place of employment _____
Job Title _____ Years in present position _____
Employer's Address _____

Annual gross earnings from most recent federal tax return \$ _____

8. Do you own your home? _____ Or rent a home/apartment? _____

9. Names and ages of all family members dependent on earnings of student's financially responsible parents/guardians. Asterisk (*) those family members currently in school.

10. Please provide any comments or special circumstances that would assist in evaluating the student's need for financial aid:

Other scholarships or funding expected or applied for or confirmed.

Source	Amount (\$)
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Signatures of financially responsible parents/guardians and the student applicant:

I certify that all information in this application is true and correct.

Signature _____ Date _____
Student

Signature _____ Date _____
Financially responsible parent/guardian

Signature _____ Date _____
Financially responsible parent/guardian

THE FOLLOWING ITEMS MUST BE INCLUDED WITH YOUR APPLICATION

- Application form: to be completed by student
- Financial information form: must be completed by the student's financially responsible parents/guardians.
- Two letters of recommendation (from non-relatives).
 - One from a member of your school faculty
 - One from an employer, clergy, or community organization.
- Official transcript: obtained by student and included in the application package
- Personal essay:
 - Subject: tell us about your strongest characteristic and how that has played out in your life.
 - 500 words or less
 - Typed, double spaced

All items needed to complete this application must be mailed by the student in one envelope addressed to

**Scholarship Committee
Kiwanis Club of High Point
1413 Lyndhurst Drive
High Point, NC 27262**

And post marked on or before March 15, 2015.