

Kiwanis Club of Sheffield, Inc.

PO Box 683, Sheffield, MA 01257

Mail Your Application and Related Materials To: Margie Gwozdz, C/O Wheeler & Taylor, 333 Main St., Great Barrington, MA 01230. Must be received by April 2, 2018.

****NOTE: IT IS IMPERATIVE THAT YOU FULLY COMPLETE THE INFORMATION ON ALL PAGES. FAILURE TO DO SO MAY RESULT IN YOUR APPLICATION NOT BEING CONSIDERED. ALL REQUIRED MATERIAL AND DOCUMENTATION MUST BE SENT IN THE SAME ENVELOPE. DO NOT SEND SEPARATELY****

Scholarship Application

Name: _____ Email: _____
High School: _____

Check List Of Required Materials To Be Included With This Application:

****NOTE:** This is primarily a needs-based scholarship. Failure to include the requested documentation, as well as not completing the Application in its entirety, may result in the Application not being considered for a scholarship. Thank you for your attention to these matters.

- ____ A one-page (approx. 300 words) statement from the applicant indicating future goals and expectations
- ____ Two Letters of Recommendation (not required for college students reapplying for scholarship)
- ____ School Transcript
- ____ Copy of Pages 1 & 2 of most recent IRS 1040 (or equivalent) tax return of parent/guardian who claims you as a dependent
- ____ Copy of Student's Federal Tax Return (if applicable)
- ____ Student Aid Report (SAR). If the Applicant has not received his/her SAR, the Applicant may include his/her FAFSA application

I. General Information:

Full Name: Last _____ First _____ MI _____

Street Address: _____

Mailing Address if different: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Total Number of Family Members in household including yourself and your parents: _____

Who will assume financial responsibility for your post-secondary education? _____

Name _____

II. Estimate of School Expenses for Academic Year for Which Aid Is Requested:

	First Choice	Alternate Choice (if applicable)
Name of School:	_____	_____
a. Tuition & Fees	_____	_____
b. Room & Board	_____	_____
Total:	_____	_____

III. Estimate of Amount of Funding Available for Your College Expenses:

	First Choice	Alternate Choice (if applicable)
Name of School:	_____	_____
a. From Family	_____	_____
b. From School	_____	_____
c. From Scholarships	_____	_____
d. From Loans	_____	_____
e. Student/Other	_____	_____
Explain Sources:	_____	

Total:	_____	_____

IV. Calculation of Need: Total II minus Total III _____

V. School and Community Activities:

List School Honors, Prizes, and Awards You Have Received: _____

List School and Community Activities In Which You Have Participated: _____

VI. Kiwanis Connection:

Key Club Member? Yes _____ No _____ Years _____

Parent/Grandparent a member or former member of Sheffield Kiwanis? Name _____

Circle K Member? Yes _____ No _____ Years _____

VII. Student Employment History: _____

Name _____

Please describe any **specific financial hardship or extenuating circumstances** applicable either to you or your family that indicates any special need for financial assistance to further your education.

You may attach any additional information, as appropriate, to this application.

THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Scholarship recipients will be announced no later than June 1. Scholarship Award is available to the student after the successful completion of their 1st semester and proof of enrollment for the following semester. This information must be mailed directly to the Scholarship Chairman at the address