

**Kiwanis Club of Madison West Scholarship Program
Ernie Rothe Annual Memorial Leadership Scholarship
Application (Key Club)**

Student's Name: _____

Last First Middle

Home Address: _____

Street City State Zip Code

Student's Home Phone: (____) _____ Student's Cell Phone: (____) _____

Student's Home Email: _____ Student's Date of Birth _____

Name of Key Club _____ Member Since (list year joined) _____

Grade Point Average on a 4.0 scale _____

Have you been accepted to any college or vocational school in Wisconsin? If yes, please list _____

Major/Minor field(s) of study you are considering. _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Applicant Signature _____ Date _____

Parent Signature _____ Date _____

(Father and/or Mother)

Send or email (email preferred) entries no later than March 15, 2018

Ken Saville, Program Leadership Chair

4106 Melody Ln

Madison, WI 53704

Email: kensaville.1951@gmail.com

Any questions can be addressed to Ken by email.

