

**KIWANIS CLUB OF NEW ALBANY
AWARD APPLICATION**

STUDENT INFORMATION

NAME _____

PERMANENT _____
MAILING _____
ADDRESS _____

PHONE (____) _____

HIGH SCHOOL _____

ACT SCORE _____ HIGH SCHOOL G.P.A. _____

CHOICE OF COLLEGE _____

MAJOR AREA OF STUDY _____

PLEASE LIST OTHER SCHOLARSHIPS YOU ARE SCHEDULED TO
RECEIVE

PARENT INFORMATION

NAME(S) _____

PERMANENT _____
MAILING _____
ADDRESS _____

NAMES AND AGES OF APPLICANTS SIBLINGS

_____ age _____ age _____

_____ age _____ age _____

_____ age _____ age _____

APPROXIMATE FAMILY INCOME \$ _____ (REQUIRED)

