

TOM WILSON MEMORIAL KEY CLUB SCHOLARSHIP APPLICATION

Corona Circle City Kiwanis

Graduating Key Club Applicant...Please complete the information below

Club or School Name: _____ Date: _____

Applicant Name: _____

Email Address: _____ Phone #: _____

Month & Year of Club Membership: _____ Total Membership Years: _____

Date dues paid to (Month & Year): _____

Club Leadership Positions & Year/s held: _____

Key Club Service Hours Accumulated in the last 12 months: _____

Key Club sponsored Activities you have participated in during the last 12 months.

Monthly Division Council Meetings: # attended: _____

DCON: Date: _____ Fall Rally: Date: _____

Family Foundation Service Events: _____

School Leadership Positions and Activities: _____

Community Service Projects and Activities: _____

Other: Briefly explain how your participation in Key Club has helped you grow and better prepare yourself for the future... and/or What do you enjoy most about your Key Club Membership? _____

Key Club Advisor Review and Signature: _____

Advisor Comments: _____

Student Applicants...*Please complete this application, have it reviewed and signed by your Advisor and attach this sheet to the other scholarship application documents provided by your school...ie: a single biographical sheet, including your circumstances, goals and desires; a copy of your class grades and GPA; the normal Scholarship Application Information Sheet used by your school.*