**KEY CLUB SCHOLARSHIP**

**Sponsored by the Kiwanis Club of Sidney**

**The Kiwanis Club of Sidney offers scholarships each year. The scholarship award is a maximum of up to $1000. Applicants must have been active members of the Sidney Key Club for a minimum of 2 years, defined by the advisor. Exceptions can be made by the scholarship committee.**

1. **Applicants Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Applicants Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Parent or Guardians Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Applicants Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Class Rank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Which Years were you a member of Key Club\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
7. **Approximate service hours for each year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attach the following items** to this application **in this order**.

1. **Transcript of high school grades including ACT or SAT scores**
2. **Three letters of recommendation**
3. **One from a teacher, counselor or administrator**
4. **One from someone in the community that knows you**
5. **One from an employer or additional community member**
6. **List of all high school activities both in and out of school including work experience. List offices held, awards received and responsibilities.**
7. **Write a brief statement that includes your plans for the future and your reasons why you deserve this scholarship.**

**Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application deadline – April 19, 2024**

**Mail application to: Tami Christensen**

**Secretary, Sidney Kiwanis Club**

**417 25th Ave NW**

**Sidney, MT 59270**