KIWANIS CLUB of WEST CITRUS

2021 DICK MORTON MEMORIAL SCHOLARSHIP

SCHOLARSHIP APPLICATION

DEADLINE: **APRIL 23, 2021** - AWARD: $1,000.00

*SUBMIT TO: Guidance Office*

*or*

*MAIL TO:*

*Kiwanis Club of West Citrus*

*Attn. Scholarship Committee*

*PO Box 2514*

*Crystal River, FL 34423*

## WHO WE ARE

 Kiwanis of West Citrus is a locally based chapter of Kiwanis International. The Kiwanis motto is, "Kiwanis is a global organization, dedicated to improving the world, one child, and one community at a time."

The Dick Morton Memorial Scholarship will be awarded to a student planning to pursue a career in technology. The award will be based on any one or a combination of the following criteria: academic achievement, financial need, school and community service, Key Club membership, athletic achievement, specific skills areas, special needs and a sincere desire for higher education.

ELIGIBILITY:

* The eligible student must:
	+ Be a graduating senior who attends and will graduate from Crystal River or Lecanto High School.
	+ Have applied as a full-time college student for the fall term of 2021.
	+ Must attend a school in the fall of 2021.
	+ Submit a resume of school/extra-curricular activities/work/volunteer.
	+ Submit 2 recommendations from a teacher or an adult who knows you well (not a parent or guardian). Recommendation must be received by the application due date, April 23, 2021.
	+ Return the completed application to your guidance office or mail it to us by April 23, 2021.
	+ Incomplete applications will not be considered.
	+ All information is confidential.
* If you have any questions or need assistance with the application process, please contact Tracy Vaughn at (352)322-0522.

## YOUR CHECKLIST

* Make sure that:
	+ You have your name at the top of each page (use the Header tab to ensure this).
	+ You have the appropriate signatures where they are required.
	+ Recommendation letters include your name written at the top of the page (please provide the person writing a recommendation a stamped envelope addressed to the Central Ridge-Crystal River Kiwanis Scholarship Committee).
	+ You have attached a resume of volunteer/work/extracurricular activities.
	+ The application is completed and mailed in with ample time to be received on or before APRIL 23, 2021.

## PERSONAL DATA

|  |  |
| --- | --- |
| ITEM | INFORMATION |
| LAST NAME |  |
| FIRST NAME |  |
| MIDDLE NAME |  |
| SEX |  |
| DATE OF BIRTH |  |
| MAILING ADDRESS |  |
| PERMANENT HOME ADDRESS |  |
| TELEPHONE |  |
| EMAIL ADDRESS |  |

Are you planning on attending a FLORIDA school?

☐Yes

☐No

What colleges have you applied to?

Which colleges have already accepted you?

Which college do you plan on attending?

## EDUCATIONAL DATA AND TEST INFORMATION

(Must be completed by the student and signed by school counseling office)

|  |  |
| --- | --- |
| ITEM | INFORMATION |
| APPLICANT’S CLASS RANK |  |
| # IN GRADUATING CLASS |  |
| WEIGHTED CUMULATIVE GPA ON 4.0 SCALE |  |

SAT Score:

|  |  |  |  |
| --- | --- | --- | --- |
| M SCORE | V SCORE | WRITING SCORE | TOTAL SCORE |
|   |  |  |  |

ACT Composite Score:

Other Test Information (AP scores, SAT Subject score, etc.)

|  |  |
| --- | --- |
| TEST | SCORE |
|   |  |
|  |  |
|  |  |

(Add more rows if you have more scores to add)

What is the total number of AP, Honors, or Dual Enrollment Classes you have completed or are enrolled in?

What is your total number of Community Service hours?

**School Counselor**

|  |
| --- |
| **Printed Name:** |
| **Signature:** |
| **Telephone:** |
| **Date:** |

**☐** I understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

Note: Applicants must furnish a copy of their official high school transcript.

## QUESTIONS

Please answer the following questions. Limit your responses to one page per question.

1. Every student is unique. Tell us something about yourself. Describe a challenge, accomplishment, or even that has shaped your life.
2. Describe how you plan to use your knowledge in the Technology field after college.

## SCHOOL ACTIVITIES (NOT INCLUDING SPORTS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ACTIVITY |  9 | 10 | 11 | 12 | Hours per week |  Weeks per year | Positions held, honors awarded, letters earned |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

(Add more rows if needed)

## SPORTS, BOTH SCHOOL-SPONSORED AND COMMUNITY (INCLUDING SUMMER)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ACTIVITY |  9 | 10 | 11 | 12 | Hours per week |  Weeks per year | Positions held, honors awarded, letters earned |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

(Add more rows if needed)

## VOLUNTEER WORK AND COMMUNITY ACTIVITIES (INCLUDING SUMMER)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ACTIVITY |  9 | 10 | 11 | 12 | Hours per week |  Weeks per year | Positions held, honors awarded, letters earned |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

(Add more rows if needed)

WORK EXPERIENCE: List any job, including summer employment, that you have held.

|  |  |  |  |
| --- | --- | --- | --- |
| SPECIFIC NATURE OF WORK | EMPLOYER, CONTACT PERSON, AND PHONE | DATES OF EMPLOYMENT | APPROX # HOURS PER WEEK |
|   |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(Add more rows if needed)

Applicant Statement: My signature below indicates that all the information in my application is factually correct and honestly presented. If selected as a recipient of funds, I give the Kiwanis Club of West Citrus permission to use my name and photographs in publicity about the organization.

|  |  |
| --- | --- |
| **Applicant Signature:** | **Date:** |
| **Parent Signature:** | **Date:** |

**☐** I (the applicant) understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

**☐** I (the parent) understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.