

	Kiwanis Club of
	Address
	City, State, Zip Code
Date	
To: School Counselor	
Dear,	
Attached is an application for a \$1,000 scholarshi additional applications, you are free to make copic	ip provided by the Indiana Kiwanis Foundation. If you need es.
Please advertise the availability of the sch	holarship to your graduating seniors.
The applicants MUST attend a school in I	Indiana for their post-high school education to qualify.
A transcript of grades must accompany the second company the seco	ne application.
 Please remind students to not use the bar pages for additional information. 	ack side of the application form. They should attach extra
The scholarship application can be found	in a format that can be typed then printed on our website at
www.indkiw.org. The forms cannot be sul	bmitted online, only typed and filled in and then printed for
submission.)	
The applications must be returned to the no later than	Kiwanis Club of
Please return to:	
Name	
Street Address	
City	Zip Code
Bus. Phone	Home Phone
Email	

Sincerely,

Terry White, Scholarship Chair