



LOGANSPORT KIWANIS CLUB SCHOLARSHIPS

Student Information Bulletin & Application Form

PURPOSE:

The Logansport Kiwanis Club, as a service to the youth of our community, has created four scholarships to be awarded in the interest of enabling deserving student's financial support in furthering their educations.

WHAT ARE THE SCHOLARSHIPS?

Four \$1,500 Kiwanis scholarships are presented annually. (1) The Jim Jones Memorial Scholarship , (2) The J. Harold Mertz Memorial Scholarship (3)The Alex Storckman Memorial Scholarship 4) The John I Shafer Scholarship. All will provide three equal payments of \$500 each. The first payment is made at the beginning of the Fall term, and the other two are made at the beginning of the succeeding Spring and Fall terms.

WHO IS ELIGIBLE FOR THE SCHOLARSHIPS?

To be eligible for a scholarship, the student must be a graduating senior or a past graduate from one of the high schools in Cass County, and a resident of Cass County.

HOW IS THE RECIPIENT SELECTED?

Interested students will complete the application form, and return it to their high school Director of Guidance, or Senior Counselor no later than April 13 for delivery along with a copy of their school transcript to the Kiwanis Club by April 16. The Kiwanis Scholarship Committee will then review the applicants, giving consideration to their scholastic achievement, leadership, activities, character, and needs before making the final decision. The recipients will be announced at the Recognition Day Program at their respective schools.

WHAT ARE THE OBLIGATIONS OF THE RECIPIENTS?

The recipient is completely responsible for selecting a school of his or her own choice, and fulfilling the entrance requirements. The student must enroll in a program wherein he or she is furthering their education. The recipient must also begin study at the start of the Fall term after receiving the grant. In case of military service, or serious illness, this provision may be waived by the Kiwanis Scholarship Committee, and the scholarship held for the recipient, upon the recipient presenting such request in writing to the committee prior to the beginning of the Fall term.

1. Second, and third payments of the grants will be made contingent upon the successful completion of that school work pursued during the prior terms, and re-enrollment in school. Should the recipient withdraw from school, or fail to re-enroll, the remainder of their award is forfeited. However, should financial hardship force the student to layout a semester to work and earn money to return; special arrangements for the grant can be made.
2. The recipient shall be expected to report in writing their academic progress at the end of each term to the president of the Logansport Kiwanis Club.
3. In order that a larger number of students receive financial aid, the Kiwanis Club may give preference in awarding our scholarships to students who have not received \$7500 or more per year in other scholarship awards.

HOW ARE THE SCHOLARSHIP GRANTS PAID?

The scholarship grants will be paid directly to the student, so it will be used to pay his or her account at the school. It will be used first to apply against tuition, and then towards room, board, books, and supplies.

LIST THE SCHOOLS YOU ARE THINKING OF ENTERING & FIELD OF STUDY
SCHOOL NAME FIELD EST.COST

(IDENTIFY 3 ONLY)

HOW WILL YOU FINANCE YOUR EDUCATION? (GIVE PERCENTAGE FROM EACH SOURCE, I.E., 20% FROM SAVINGS, 40% FROM PARENTS, ETC.

SAVINGS _____% PARENTS _____% AID _____% SCHOLARSHIPS _____%

OTHER _____

HAVE YOU, OR DO YOU EXPECT TO RECEIVE ANY OTHER SCHOLARSHIPS OR AID FROM OTHER SOURCES? IF SO, EXPLAIN: _____

LIST POSITIONS HELD IN GAINFUL EMPLOYMENT WHILE IN HIGH SCHOOL, NUMBER OF HOURS PER WEEK YOU HAVE WORKED, AND DATES OF EMPLOYMENT. _____

PLEASE PROVIDE OTHER INFORMATION YOU WANT KIWANIS SCHOLARSHIP COMMITTEE TO KNOW AND EXPLAIN ANY SPECIAL CIRCUMSTANCES, WHICH WILL AID US IN CONSIDERING YOUR APPLICATION. (USE BACK SIDE, IF NECESSARY) _____

(STUDENT'S SIGNATURE) _____
(PARENT'S SIGNATURE) _____
HEREBY

GRANT PERMISSION TO _____ (COUNSELOR), TO RELEASE SCHOOL RECORDS AND/OR INFORMATION PERTINENT IN THE EVALUATION OF THE STUDENT'S QUALIFICATIONS FOR A LOGANSPORT KIWANIS SCHOLARSHIP.

(STUDENT'S SIGNATURE) _____
(PARENT'S SIGNATURE)

(COUNSELOR'S SIGNATURE) _____
(DATE)

PARENTAL FINANCIAL ANALYSIS

The E.F.C. index number from your Student Aid Report _____

Father's income before taxes \$ _____

Mother's income before taxes \$ _____

Adjusted Gross Income for 1040 \$ _____

Number of Dependents Claimed on 1040 _____ # in College _____

Medical and Dental expenses not paid by insurance last year \$ _____

Emergency expenses (flood damage, etc.) \$ _____

Total market value of home \$ _____

Amount of unpaid mortgage \$ _____

Do you own a business or farm? Yes ___ No ___

If so, what is the market value? \$ _____

What is the net profit? \$ _____

Value of bank accounts (Do not include IRA or 401(k)) \$ _____

Value of other investments (stocks, etc.) \$ _____

Any unusual circumstances, please explain: _____

Date: _____, 20___ Signed by _____ (father)
 _____ (mother)

To be completed by the Director of Guidance or Senior Counselor:

STUDENT'S NAME: _____

CLASS RANK: _____ NO. OF STUDENTS IN CLASS: _____ GRADE POINT AVG: _____

S.A.T. Scores: Total: _____ CR _____ M _____ W _____

ACT Scores Composite _____ E _____ M _____ R _____ Sci _____

STUDENT'S COURSE OF STUDY: _____

COUNSELOR: PLEASE ADD ANY ADDITIONAL COMMENTS YOU MAY HAVE

Please attach additional sheets if needed.