

APPLICATION FOR GRANT
DOWNTOWN SAGINAW KIWANIS CLUB
DOUGLAS LATHRUP SCHOLARSHIP FUND

1. Full Name: _____
2. Date of Birth: _____
3. College Name and Address: _____
Telephone Number: _____
4. Home Address: _____

Telephone Number: _____
5. High School: _____
6. Date of graduation: _____
7. Parent's occupation and place of employment:
(a) Father : _____
(b) Mother : _____
8. What college do you expect to attend next semester?

9. Have you been accepted for enrollment? _____
10. Grade point average:
(a) High School: _____
(b) College : _____
11. Expected college curriculum: _____
12. Full-Time or part-time student? _____
13. Are you a relative to any member of Kiwanis and if so, who?

14. How significant would a Kiwanis grant be to your continuing education?

15. To what extent do you intend on financially contributing toward your own education? _____

16. To what extent do your parents or others intend on financially contributing toward your education? _____

17. What civic or extra curricular activities have you participated in during the past year? _____

18. Please list names, addresses, and telephone numbers of two references:
(a) _____ (b) _____

Date : _____

Signature : _____

Accompanying your completed application, please provide the following:

- ✓ High School Transcript.
- ✓ One Written Reference.
- ✓ A one-page essay on your most important accomplishment to date.

Return to: Richard Kemerer
Scholarship Chairperson
Kiwanis Club of Saginaw
4191 Curve Road
Freeland, MI 48623

**Deadline:
Application must be submitted no later than April 15**

A maximum of two \$500.00 Scholarships are awarded annually depending on the funding.