Kansas Kiwanis Foundation, Inc.

2026-2027

HIGH SCHOOL SENIOR Scholarship Application

(KKF Form 100)

OFFICIAL USE ONLY
Application #_____
Division _____
Postmark _____
Date Rec'd _____

THIS APPLICATION FORM TO BE USED BY HIGH SCHOOL STUDENTS ONLY!
COLLEGE STUDENTS USE KKF COLLEGE SCHOLARSHIP APPLICATION FORM 101

Kansas Kiwanis Foundation is proud to offer scholarships to deserving students who will be graduates of Accredited Kansas High Schools. Should special circumstances exist they will be evaluated on a case-by-case basis to determine eligibility.

This scholarship award will be for the academic year 2027-2028 payable to the institution no later than August 2027.

1. Fill out this application **completely** in the space provided. **Failure to do so shall result in your application being disqualified!** You may go to www.kskiwanisfoundation.org and go to Forms.
2. Previous editions of this form are obsolete. **Use of any other application format shall result in your application being disqualified**.
3. You do not have to be a member of a Key Club to apply.
4. Mail application and required letter of recommendation to:
   Scholarship Committee, Kansas Kiwanis Foundation, 4011 SW 29th St, #137, Topeka KS 66614
5. Application **MUST** be emailed or postmarked no later than **February 1, 2027** for your application to be considered.
6. Do NOT include additional pages with the exception of transcripts and reference letter.
7. Use **black** ink to complete this application. If filling out on a computer, Do Not print front to back.

SECTION I. Personal Information:

Name: _____ Phone _____

Address: _____

City:_____ State:_____Zip:_____Email_____

SECTION II. Key Club: (complete only if a Key Club member)

Member of the_____Key Club. Number of years _____

Office(s) Held/Year: (1)_____/_____(2)_____/_____(3)_____/_____(4)_____/_____

I certify that the above named applicant is a member in good standing of Key Club of _____

Signed: _____

Key Club Faculty Advisor, District Key Club Administrator or Local Kiwanis Club Secretary (Circle one)

SECTION III. Parent or Legal Guardian Information:

Father's Name_____Mother's Name_____

Address: _____Address:_____

City:_____State:___Zip:_____City:_____State:_____Zip:_____

Telephone: _____Telephone_____

Father's Occupation_____Mother's Occupation:_____

Signature of Parent or Guardian: _____

SECTION IV. Kiwanis Club Membership: Do you have a family member in Kiwanis (parent, grandparent or sibling). List name, relationship, and club.

_____

SECTION V. Scholarship To Be Used At The Following Institution:

Name of Institution: _____

Address: _____

SECTION VI. Activities - Confine lists to the space provided

a. Activities while in **High School only. Do not add years before high school.**

Use the following format when listing activities:

Activity (Explanation of activity if not well known or obvious), Duration (Years, Weeks, Days of activities)

Example: Student Council, FFA Representative 1 year, V.P. 1 year, Pres. 1 year	Meetings one hour long, every other week during school.

b. High School Awards and Honors: Use the following format when listing activities:

Award / Honor (explanation of award if not well known or obvious, year(s) received, source of award

Example: Prudential Spirit of Community Award	Junior year	Prudential Insurance Company

SECTION VII. Community Service Performed while in High School only. Do not add years.

Use the below format when listing Service:

Specific service or service project, duration (years, months, weeks), total number of service hours involved, origination of the projects (Club, Church, class or individual) Do not group projects. Confine list to the space provided.

Service which does not qualify includes: Paid or stipend service, any form of fundraising, lobbying, efforts directed to serve only a family member and serving as an officer of an organization.

Example: Volunteer in pediatrics ward of St. Francis Hospital	3 years	297 hrs total	Self initiated

SECTION VIII. Expectations: Answer all questions
in the space provided; be specific, limit to 100 words maximum.
Describe your personal philosophy and how it has contributed to your success and growth in high school.

Discuss your career goals and why you have chosen that path.

SECTION IX. Financial:
What is the yearly cost of attending your chosen school? $_____, including tuition and living expenses
How do you plan to finance your education?

List summer and academic-year jobs you have held since entering high school.

List ALL members of your family, including those living at home or currently enrolled in college by name and ages:

Father _____ _____ _____ _____

Mother _____ _____ _____ _____

Yourself _____ _____ _____ _____

_____ _____ _____ _____

SECTION X. Transcript **Ask your counselor to furnish an OFFICIAL copy of your high school transcript for this application. He/She may include it in the envelope with page 4, or they may simply attach it if their office mails scholarship applications for students.**

SECTION XI. Applicant's Statement Read Carefully
In submitting this application I certify that:

a. I will be a full-time student at the educational institution I plan to attend;
b. I will use the proceeds of this scholarship for the payment of tuition, required fees, room, board and or required material/books.
c. I agree to release my grades to the Kansas Kiwanis Foundation and I will request a copy of my official transcript(s) be mailed with this application;
d. I will attach one (1) **Letter of Recommendation (page 5) from a community or religious leader, neighbor, or employer. Do not use a staff member or volunteer from your school.** and,
e. That the information submitted with this application is, to the best of my knowledge, true and correct.

SIGNED:_____Date:_____/_____/ 20___

SECTION XII. Educational History

Student: Complete this section's information before taking this page to your school counselor. Take an envelope with your name on the outside in which your school counselor can enclose this completed page and seal once it is completed. *(All below is required.)*

Student Name _____

Name of School from which you will receive *your diploma:* _____

Years attended: From:_____to:_____ School Address _____

Name of School Counselor: _____ *Email* _____

SECTION XIII. Evaluation by School Official

Counselor: please complete the following evaluation of this student. Do Not attach a letter of recommendation. Please seal this page and an official transcript into an envelope if returning to the student to mail. If your school office mails completed scholarship applications and transcripts for students there is no need for the added envelope. Please use black ink.

GPA:_____based on a_____scale. *Class Ranking:_____of_____*

ACT/SAT Composite Score _____

Did this student complete the Kansas Regents Qualified Admissions Curriculum? Yes [ ] No [ ]

A school official must complete the following for this application to be considered. This student is applying for a scholarship, and we use the information in selecting recipients. Due to Federal Legislation the student may request and be given permission to see your recommendation.

Please evaluate the applicant's personal qualities

PERSONAL QUALITIES	*Truly Outstanding*	*Excellent*	*Good*	*Average*	*Below Average*	*No Basis for Judgment*	*Comments*
Motivation							
Leadership							
Dependability / Responsibility							
Cooperation							
Intellectual Curiosity							
Ability to work independently							
Initiative							
Self-Discipline							
Integrity / Honesty							
Resilience							
Maturity							
Emotional Stability							
Social Adjustment							
Concern for Others							

Please mark the basis for your ratings. You may mark as many as apply.

_____*Records and Reports* _____*Personal acquaintance* _____*Casual Contacts* _____*Counseling contacts*

_____*Committee Evaluation* _____*Other*_____

Do you recommend this student for admission to an institution of higher education? Yes [ ] No [ ]

Any comment you would like to make on behalf of this student:

Signature and Title _____ ***Date*** _____

Letter of Recommendation

Give this sheet to a community or religious leader, neighbor or employer.
Do not use a teacher, administrator, coach, staff member or volunteer from your high school.

*Name of your reference letter author*_____

*How have you been involved with them*_____

Attention: Writer of Letter of Recommendation. We will have a copy of the student's transcript. The student will list high school activities, awards, honors, and service performed. What we would like from you are comments on the student as a person, the person as a student, how you know the applicant, how long you have had a relationship, and how much you have observed the applicant delivering service to target populations. Please include in what role you are familiar with the student. You may use this page for your letter or use a letterhead.