



SCHOLARSHIP POLICY

Each year the Kiwanis Club of La Mirada provides scholarships to our local high school seniors. Individual scholarships will be a minimum of \$1000 and will be based on grades, merit, civic involvement, and financial need.

Scholarship awards will only be paid when the Kiwanis Club of La Mirada Charitable Foundation receives confirmation from the accredited college, university or trade school that the student is officially enrolled in for the upcoming academic year September 2016-August 2017. The student's account number must be provided to Kiwanis when assigned by the institution.

QUALIFICATIONS:

1. Graduating High School student must reside in the City of La Mirada
2. Student must be pursuing an education at an accredited **college, university or trade school.**
3. Awards will be based on grades, merit, civic involvement, and financial need.
4. Student must provide the following *documentation*
 - A. application and agreement forms
 - B. a grade transcript acquired from the high school
 - C. an essay not to exceed 250 words as to why the students would make a good candidate for the Kiwanis Club of La Mirada Charitable Foundation Scholarship

NOTE: ***Applicants may include a letter of recommendation from a teacher, counselor, administrator and/or a Kiwanis Club member , or it may be sent separately by the provider.**

5. Student **MUST** participate in an interview with Kiwanis Scholarship Committee Members at an assigned time on (**Saturday, May 14**)



**LA MIRADA KIWANIS SCHOLARSHIP PROGRAM
Box 116, La Mirada, CA 90637**

APPLICANT - PLEASE READ FIRST

TIPS ON COMPLETING SCHOLARSHIP APPLICATION

1. APPLICATION FORMS AND ALL OTHER REQUESTED INFORMATION MUST BE RETURNED BY: **Deadline: Wednesday, May 3**

SEND TO: Kiwanis Club of La Mirada Charitable Foundation
P.O. 116 Box La Mirada, CA,90637 OR
EMAIL TO: pat.ruiz@verizon.net

2. AWARDS WILL **NOT** BE DELIVERED TO THE STUDENTS BUT WILL BE SENT **DIRECTLY** TO THE SCHOOL OF REGISTRATION FOR CREDIT TO THEIR ACCOUNT.

3. INTERVIEWS WILL BE CONDUCTED ON THE SECOND SATURDAY IN MAY, **Saturday, May 14**

(YOU WILL BE CONTACTED THE WEEK BEFORE TO SCHEDULE THE TIME OF YOUR INTERVIEW.)

4. RESULTS WILL BE DELIVERED BY LETTER OR EMAIL NO LATER THAN **ONE WEEK AFTER THE INTERVIEW.**

5. PRESENTATION OF THE AWARD WILL BE MADE AT A TIME JOINTLY AGREED UPON.

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ALL FORMS ARE AVAILABLE ON THE WEBSITE:
www.lamiradakiwanis.org OR
write to: Kiwanis Club of La Mirada Charitable Foundation
Box 116, La Mirada, CA 90637



Kiwanis Club of La Mirada Charitable Foundation

P.O. Box 116

La Mirada, California 90637

SCHOLARSHIP APPLICATION

NAME:(print) _____ AGE: _____
LAST FIRST MIDDLE

PRIMARY PHONE NUMBER -----

EMAIL _____

HOME ADDRESS _____

PARENTS' NAMES _____

OCCUPATION (FATHER) _____ (MOTHER) _____

NUMBER OF SIBLINGS _____

NAME OF HIGH SCHOOL _____

ACADEMIC OR VOCATIONAL GOAL/OBJECTIVE _____

UNIVERSITY/ COLLEGE/ TRADE SCHOOL CHOICE: _____

EXTRA CURRICULAR ACTIVITIES* _____

EMPLOYMENT (past and present)* _____

SIGNATURE _____ DATE _____

MAIL ALL FORMS TO: P.O.Box 116, La Mirada, 90637 - OR EMAIL to pat.ruiz@verizon.net

FOR MORE INFORMATION VISIT: www.lamiradakiwanis.org OR telephone 562-941-5779

***If more space is needed, attach a second sheet to this form**



Kiwanis Club of La Mirada Charitable Foundation

P.O. Box 116

La Mirada, CA. 90637

Attach the following to the Application Form and return as directed:

I hereby apply for a Kiwanis club of La Mirada Charitable Foundation Scholarship.

Should I receive a Kiwanis Scholarship, I agree:

1. That this is a one-time award of a fixed sum to be paid directly **to my account** at the college/university/ trade school in which I am enrolled.
2. To allow Kiwanis to use my name, photographs and any written reports I will have generated in the application process.
3. That this award is only to be used for those items required for my studies, such as tuition, fees, books, academic supplies.

Name of Applicant (please print)

Name of Parent/Guardian (please print)

Signature of Recipient

Signature of Parent or Guardian
(if the recipient is under 18)

Date_____

Date_____



PERSONAL LETTER OF RECOMMENDATION
(teacher, counselor, administrator, or Kiwanis Club Member)

To Whom It May Concern,

_____ has applied for a Kiwanis Scholarship.
(Applicants name)

How long have you known the applicant? _____

Applicant's PERSONAL STRENGTHS: _____

Applicant's ACADEMIC ABILITY _____

ADDITIONAL INFORMATION AND COMMENTS: _____

NAME AND TITLE _____ DATE: _____

SIGNATURE _____

Please return recommendation letter to the Applicant, email to pat.ruiz@verizon.net OR send to P.O. Box 116,, La Mirada, 90637 by **Deadline: May 3**