

Kiwanis Club of Griffin

Scholarship Application for

William A. Gregory, Rip Savage and Davis Peeples Memorial Scholarships

**Directions for completing this scholarship application:**

1. **Print** the entire application in black or blue ink.
2. No attachments of any kind are permitted.
3. The application must be completed in its entirety, including the School Counselor’s section.
4. We do not need a copy of your high school transcript.
5. The deadline for submitting the completed application is **Thursday March 31, 2022, at 4 pm.**
6. Submit your completed application either to your high school counselor (or counselor designee) or to the Kiwanis Club of Griffin office located at the Kiwanis Fairgrounds, 1025 South Hill Street. Kiwanis office hours are Monday - Friday, 8:00 AM – noon & 1-5, closed for lunch except on Wednesday. The telephone number is 770-227-9187.

**Information About the Scholarships**

* Applicants must be graduating high school seniors and be attending college for the first time.
* Applicants must reside in Spalding County or attend a high school in Spalding County.
* The scholarships will be awarded by certificate with the actual funds placed in a trust account at the accredited institution (college or university) for use at the time of enrollment.
* Funds are to be used for tuition, room, board, books, or laboratory fees.
* The major emphasis for awarding these scholarships is community service performed while in high school.
* The minimum grade point average (GPA) is 3.0 on a 4.0 scale.
* The number of scholarships awarded shall be determined by the funds available.
* Recipients are asked to attend the presentation of the awards tentatively scheduled for the Kiwanis Club of Griffin meeting **To be determined at a later date**.
* Questions concerning the application or the scholarships can be directed to the Kiwanis of Griffin office,

770-227-9187, or by email: [kiwanisclubofgriffin@gmail.com](mailto:kiwanisclubofgriffin@gmail.com).

*Kiwanis is a global organization of volunteers dedicated to changing the world,*

*one child and one community at a time.*

Kiwanis Club of Griffin

Scholarship Application for

William A. Gregory and Davis Peeples Memorial Scholarships

**This page of the application will not be seen by the Scholarship Selection Committee.**

**This page is for administrative purposes only. No information is shared.**

**Directions**: Please print and use black or blue ink. Do not attach any documents to this application. Do not use more lines than you are given for your responses. Be concise.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First Middle Preferred Name

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street or PO Box City and State ZIP Code

Home Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of Parent(s)/Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I verify that the information contained on this application is true. I understand that any award given by the Kiwanis Club of Griffin is based upon the information I have provided.

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*Student’s Signature Date*

Name and location of the college or university you plan to attend:

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Have you been accepted? \_\_\_\_ Yes \_\_\_\_ No Planned enrollment date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Course of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area or field you plan to enter upon graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any financial aid you have received and/or scholarship awards for which you have applied.

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What are your short-term goals?

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What are your long-term goals?

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List extra-curricular activities, including offices held.

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List any awards you have received while in high school, and other high school activities.

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Please list 3 most recent jobs while in high school, if employed.

Employer Supervisor Telephone Number

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List the top five community service organizations or events in which you have participated while in high school with **TOTAL HOURS** of service given for **ALL 4 YEARS**.

Service Organization or Event Total Hours Served

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

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**Community service** is volunteer (unpaid) work done by individuals or organizations to benefit a community or its institutions. Youth service is intended to strengthen one’s understanding of civic engagement and community and to help young people achieve their educational, developmental, and social goals. Which one of your community service projects has impacted you the most, and why? (Do not list school activities. That area is above)

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List one reference for each community service organization or activity.

Organization or Activity Name Telephone Number

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**This section is to be completed by your high school counselor.**

Name of high school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rank in Senior Class: \_\_\_\_\_\_ of \_\_\_\_\_\_ \_\_\_\_ Check here if you do not rank.

Unweighted Cumulative GPA: \_\_\_\_\_\_\_\_ Weighted Cumulative GPA: \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Counselor’s Signature Date*

**We do not need a copy of the student’s high school transcript.**