

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL



**Kiwanis Club of Corinth  
Leon Frazier Memorial Scholarship  
Student Information Application**

All Shaded Areas Must Be Completed (Please Type or Print)  
Forms received late are not considered. Maximum attachments: 1 page – 2 total pages.

RETURN TO COUNSELOR OR MAIL TO Kiwanis of Corinth, P.O. Box 1211, Corinth, MS 38835

**Personal Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
High School: \_\_\_\_\_ GPA: \_\_\_\_\_ ACT Score: \_\_\_\_\_  
Plan Major in College: \_\_\_\_\_ Plan to Attend: \_\_\_\_\_ Phone: \_\_\_\_\_

**Employment Information**

Present Employment: \_\_\_\_\_ How Long: \_\_\_\_\_ Hours/WK: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Total Household Income \_\_\_\_\_ (Please State Yearly Amount)  
His Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Her Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Personal Reference**

**(One reference must be a teacher, principal, instructor or counselor)**

Reference Name                                      Address                                      Relation                                      Phone Number

**Honors, Awards, Accomplishments, Activities, Future Goals**

**List All Other Sources of Financial Assistance & Amounts You Expect to Receive**

**Describe Your Financial Need**

\*PLEASE MAKE ADDITIONAL COMMENTS ON A SEPARATE SHEET

tnw