



ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL



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

All Information **Must** Be Completed (Please Type or Print)

Forms received past 4/1/2019 are not considered. Email / Phone must be working

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

Personal Information

Name: _____ Age: _____ Phone No. ____-____-_____
Street Address: _____ City: _____ State: ____ Zip: _____
High School: _____ GPA: _____ ACT Score: _____ Planned Major: _____
Planned College: _____ Social Security No. XXX-XX- _____ (last four)
Have you worked at Kiwanis events? (Y/N) ____ Available 1st Saturday in June for awards program? (Y/N) ____

Student Employment Information

Present Employment: _____ How Long: _____ Hours/WK: _____
Work Phone: _____ Supervisors Name: _____

Parent/Guardian Information

Name: _____ Address: _____ Phone Number: _____
Email: _____ Total Household Income: \$ _____ (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

\$ _____

\$ _____

\$ _____

\$ _____

One attached sheet max.