

MARYSVILLE KIWANIS CLUB  
DR C D MILLS MEMORIAL - KIWANIS COLLEGE SCHOLARSHIP APPLICATION  
P.O. BOX 340, MARYSVILLE, OHIO 43040

PLEASE TYPE OR PRINT

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street

\_\_\_\_\_

City State Zip Code

Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Month Day Year

Do you have a relative in Kiwanis Yes No If yes, Relationship: \_\_\_\_\_

High School Attending \_\_\_\_\_

Honors received during High School \_\_\_\_\_

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

High School, or other extracurricular activities. Include special activities such as 4-H, Scouts, Church.  
List all offices held and your contribution to each.

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

Past and present employment during summers and school years. Give date (s) and amount of time worked.

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

Concise statement of life's purpose and ambition. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

College or School you plan to attend \_\_\_\_\_

Course of study \_\_\_\_\_ No. of Years \_\_\_\_\_

Degree or certification sought? \_\_\_\_\_

Have you been admitted? \_\_\_\_\_ Where will you live? \_\_\_\_\_

If you own a car, or have one for your exclusive use, give make and model \_\_\_\_\_

APPLICANT'S ESTIMATED EDUCATIONAL BUDGET FOR ONE YEAR ( To be completed with aid of parents, teacher, or counselor. Please be complete and accurate.)

Estimated Amount Available for Education		Estimated Expenses of Education	
Savings from past earnings	\$ _____	Tuition	\$ _____
Life insurance maturing for education	_____	Fees	_____
Other personal assets	_____	Books & Materials	_____
Advance from parents	_____	Board	_____
Advance from other sources (loans and gifts)	_____	Room	_____
Expected earnings during summer vacations	_____	Travel	_____
Scholarships granted	_____	Clothing	_____
Other income:	_____	Other Expenses:	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Available Funds	\$ _____	Total Expenses	\$ _____
Total Financial Need (Expenses less Funds)		\$ _____	

Other scholarships applied for, or intend to apply for Name or Source	Amount per year	No. years	When will you know
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

**FAMILY INFORMATION**

Number of minor children \_\_\_\_\_

Ages of minor children \_\_\_\_\_

Number of children now in post high school education \_\_\_\_\_

Is your father living? \_\_\_\_\_ Is your mother living? \_\_\_\_\_

If one or both of your parents are not living, are you living with a guardian? \_\_\_\_\_

By whom is your father employed? \_\_\_\_\_

By whom is your mother employed? \_\_\_\_\_

Years that your father has been employed by the same company \_\_\_\_\_

Years that your mother has been employed by the same company \_\_\_\_\_

Make and year of family automobile (s) \_\_\_\_\_

Please explain any family circumstances which have placed an overly large financial burden on the family in the last five years. Such as illness, death, fire, lawsuits, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annual Income (preceding year)      Salaries      Other income (before taxes)

Mother      \_\_\_\_\_      \_\_\_\_\_

Father      \_\_\_\_\_      \_\_\_\_\_

Gross income for family (preceding year) \_\_\_\_\_

Was this income exceptionally high or low? \_\_\_\_\_

Explain \_\_\_\_\_

Do your parents own their home? \_\_\_\_\_

Is it mortgaged? \_\_\_\_\_ Monthly payments \_\_\_\_\_

I hereby certify that I, \_\_\_\_\_, presently a senior at  
\_\_\_\_\_ have given correct information as to grades, test  
scores, and other.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date signed  
(Must be no later than **April 16**)

Student please return completed form to:  
Marysville Kiwanis Club, Dr C D Mills Memorial - Kiwanis Scholarship Application  
P. O. Box 340, Marysville, Ohio 43040