



KIWANIS CLUB OF CEDAR CREEK LAKE
STUDENT SCHOLARSHIP APPLICATION

RETURN TO COUNSELOR By APRIL 15, 2012

NAME _____

PARENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SCHOOL _____

SCHOOL ACTIVITIES : _____

SPECIAL HONORS OR AWARDS: _____

COMMUNITY SERVICE _____

AREAS OF SPECIAL INTEREST OR TALENTS : _____

CAREER AND COLLEGE GOALS : _____

PLEASE TELL US WHY YOU WOULD LIKE TO BE CONSIDERED FOR THIS SCHOLARSHIP.
YOU MAY USE THE BACK OF THIS PAPER FOR ADDITIONAL WRITING SPACE.

COUNSELOR'S CONTACT CYNTHIA KING 903-887-3333.