



****ACADEMIC SCHOLARSHIP PROGRAM****

Dear Applicant:

Our organization has been serving the community for more than twenty years and one of our major priorities has been to assist in the development of our young people into capable and responsible future members of our community and our world at large. Our academic assistance scholarship program was created with just that purpose in mind: to assist deserving students financially and permit them the opportunity to obtain an undergraduate degree from a State of Florida public college or university. Welcome.

****Important Notice to Applicants and Scholarship Recipients****

1. All students must apply for Federal Financial Aid (FAFSA).
2. All financial/scholarship awards and the actual amount of the award will be contingent on other financial aid or awards received by the student.
3. All financial support from this organization will be applied strictly to the student's tuition and book needs.

ELIGIBILITY CRITERIA

1. U.S. citizen or permanent resident status.
2. Hispanic or of such parentage.
3. Reside in Miami-Dade County, Florida.
4. High school graduate.
5. Possess a 2.5 cumulative GPA.
6. Eligible for admission at any State of Florida college or university.
7. Must enroll as a "Full Time Student" (minimum of 12 semester hours).
Summer (6 semester hours)
8. Student must demonstrate financial need.

REQUIREMENTS FOR APPLICATION CONSIDERATION

Check off list

Application must be duly filled out and accompanied by the following documents:

- _____ • School Transcripts (High School or College)
- _____ • Latest Tax Return (Parents and personal)
- _____ • A letter of recommendation from two of your teachers.
- _____ • Status of other Financial Aid Awards (If already received, copy of Financial Aid Award or Denial Letter)
- _____ • A picture of yourself for our records (Standard size)

APPLICATIONS ACCEPTED APRIL 1ST THROUGH APRIL 30, 2017

1400 S.W. First Street, Miami, Florida 33135 – Ph (305) 644-8888



SCHOLARSHIP GUIDELINES

Amount of award is contingent to other financial aid or awards received by the student and will be strictly applied to tuition and books.

Students must comply with the following requirements in order to maintain his/her scholarship award:

1. Maintain a minimum GPA of 2.5. Any semester that grades fall below such average, the student will be placed on probation and the KLH Foundation reserves the right to render null and void the scholarship.
2. Must enroll full time (minimum of 12 semester credits). If for special circumstances the student cannot enroll for the 12 semester credits, he/she must contact the Kiwanis office and obtain approval.

THE FOLLOWING IS MANDATORY EVERY SEMESTER:

3. **Submit grades to KLHF on a timely basis at the end of each term.**

THE FOLLOWING IS MANDATORY EVERY YEAR:

4. **Submit copy of Financial Aid Awards/Scholarships.**
5. **Submit Tax Return of Parents and Student.**

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Academic Scholarship Program Application

Applicant's Name: _____
Last First MI

Address: _____
Street Number City State Zip Code

Home Phone: _____ Cellular Phone: _____

E-mail Address: _____

Citizenship Status: ___ Citizen ___ Resident Alien No: _____

Social Security Number: _____

Date of birth _____ Place of Birth: _____
City State Country

Are you currently employed? ___ Yes ___ No

Employer's Name: _____ Phone No. _____

Address: _____
Street Number City State Zip Code

Position/Job _____

Please list other jobs/employers or sources of income:

Do you plan to work while you are going to college? ___ Yes ___ No

****APPLICANT'S EDUCATIONAL INFORMATION****

Name of High School: _____

Year of Graduation: _____ GPA: _____

List the three most important or meaningful activities, clubs, organizations, etc. that you were involved with or a part of during your high school years:

<u>Organization/Activity</u>	<u>Year (s)</u>	<u>Sponsor/Adviser (s)</u>
1. _____		
2. _____		
3. _____		

Briefly explain what you did to fulfill your community service requirement project and was it a positive or negative experience?

What community activities or organizations would you like to become involved with in the future and why?

Are you interested in community service hours with our organization? ___ Yes ___ No

When are you available? (Days and times) _____

List the four top colleges/universities that you would like to attend and have applied for admission:

1. _____ 2. _____
3. _____ 4. _____

List your top three career/degree choices and give a brief explanation/reason for your choice:

1. _____

2. _____

3. _____

List all the financial aid/scholarships that you have applied for and current status. If notification has been received, please attach it to the application.

1. _____
2. _____
3. _____
4. _____
5. _____

If you are currently attending college/university, please complete the following information:

Name of college/university: _____

Current year in college /university 1st _____ 2nd _____ 3rd _____ 4th _____

Number of credits already obtained: _____

Expected month/year of graduation: _____

**** PARENTAL /FAMILY INFORMATION SECTION****

Father _____ Stepfather _____ Legal Guardian _____

Name _____ Phone No. _____

Street Address City State Zip Code

Employer's Name _____ Phone No. _____

Street Address City State Zip Code

Mother _____ Stepmother _____

Name _____ Phone No. _____

Street Address City State Zip Code

Employer's Name _____ Phone No. _____

Street Address City State Zip Code

Parents Marital Status: _____ Married _____ Divorced _____ Separated _____ Widowed

Total number of members in your household: _____

Total number of children in your household: _____ Ages: _____

Total number attending college: _____

Explain any circumstances having to do with special needs or conditions of a financial nature:

Other information, explanation, or statement that you feel might be important to the Scholarship Committee in the consideration of your application:

****INFORMATION DISCLOSURE STATEMENT****

I, the applicant to this scholarship, do hereby certify that the information and the materials I have provided are accurate and are a complete representation of myself and the parties involved to the best of my knowledge. I am also aware that the misrepresentation of myself and distortion of the information provided may result in a forfeit of my scholarship or application consideration.

Applicant's Signature

Date

Parent's Signature

Date

Legal Guardian's Signature

Date