

# Kiwanis Club of Brecksville

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Please complete the application with Microsoft Word.

The application will be on our website at  
*[www.brecksvillekiwanis.org](http://www.brecksvillekiwanis.org)*

**Application must be submitted by:  
Midnight Sunday 03/31/2024**

**Mail completed application to:**  
Kiwanis Scholarship  
9228 Oxford Trail  
Brecksville, OH 44141

**or email to:**

**[scholarshipapp@gmail.com](mailto:scholarshipapp@gmail.com)**

**Include a letter of recommendation from a teacher, counselor, pastor,  
minister, or other community leader.**

**Applications must be complete and a letter of recommendation  
provided for application to be considered.**

**Proof of admission is required prior to award of scholarship in May.**

Student Name: _____.
Address: _____.
Phone: _____.



# **KIWANIS CLUB OF BRECKSVILLE**

## **The Brecksville Kiwanis Scholarship Fund**

The Brecksville Kiwanis Scholarship Fund is funded by the Kiwanis Club of Brecksville, a community service organization. The minimum award is \$1,500. Multiple awards are available, including \$2,000 in honor of late Kiwanis Club member Elton Lube. The Scholarship Committee will select recipients from students with the following qualifications:

- ⇒ **Is a high school senior.**
- ⇒ **Is a resident of Brecksville or a student at Brecksville-Broadview Heights High School.**
- ⇒ **In the spirit of Kiwanis, has done one or more community service projects.**
- ⇒ **Has a GPA of 2.5 or better.**
- ⇒ **Application must be complete and letter of recommendation submitted by midnight March 31, 2024.**

Date of Application: ____ / ____ / ____ Application must be submitted by March 31, 2024.
Four-Year Grade Point Average (GPA):            SAT Score:            ACT Score:

**What are your scholastic achievements and honors?**

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**How have you helped your community? (service projects, volunteer work)**

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**Which service have you done that you feel had the biggest effect on your community? Who did it help and how?**

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**To what school and community organizations do you belong? (Include offices or leadership roles held.)**

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**Name of college or university you will be attending:**

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Have you been accepted officially? Yes: \_\_\_\_\_ No: \_\_\_\_\_

NOTE: Proof of admission must be provided prior to the awarding of a scholarship in May.

**Explain why you selected this institution.**

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**Describe your career goals after college.**

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**How you will assist the community after you finish high school and college?**

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**Why do you think you deserve this scholarship? (Include special needs or circumstances that will help the Committee in the selection process.)**

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**Attach a letter of recommendation from a teacher, counselor, pastor, minister, or other community leader.**

**Please submit your application by: Midnight Sunday 03/31/2024.**