



WOMAN'S CLUB
of Keystone Heights

WOMAN'S CLUB OF KEYSTONE HEIGHTS
SCHOLARSHIP APPLICATION 2024
FOR A GRADUATING KHHS SENIOR

NAME: _____ AGE _____
(LAST, FIRST, MIDDLE)

ADDRESS: _____ PHONE (____) _____

City: _____ State: _____ Zip: _____

GPA (9-12) Weighted: _____ Non-weighted: _____

OF DEPENDENT CHILDREN IN FAMILY _____

NAME OF PARENTS: _____

ADDRESS OF PARENTS: _____

PARENT'S OCCUPATION: _____

TOTAL FAMILY INCOME: _____

***HONORS/AWARDS RECEIVED**

***WORK EXPERIENCE**

***COMMUNITY SERVICE (WHERE & HOURS)**

***EXTRACURRICULAR ACTIVITIES**

***If more space is needed, include additional information in an attachment.**

COLLEGE YOU PLAN TO ATTEND: _____

COLLEGE (s) ACCEPTED/ENROLLED: _____

RULES FOR APPLICATION:

1. Include in at least two paragraphs, why you need this scholarship and what this would mean to you. How would you benefit from receiving this?
2. Scholarships shall be awarded to a current high school graduate.
3. The Scholarship Committee shall be members of the Woman's Club of Keystone Heights selected by the Education Chairman.
4. Decisions of the Scholarship Committee shall be final. They will be based on scholarship and need.
5. Please attach at least one letter of reference.
6. **APPLICATIONS WITH BLANKS WILL BE ELIMINATED.** *If more space is needed, include additional information in an attachment.

APPLICATION DUE BY: APRIL 25, 2024 at 11:59 PM

EMAIL TO: **KHJuniorWomansClub@gmail.com**