



Kiwaniis®

MICHAEL J. DEGEORGE MEMORIAL SCHOLARSHIP APPLICATION

Presented by Conroe Noon Kiwanis Club

Application must be filled out in detail and legible. Read carefully. Please type or print.

NAME: _____

ADDRESS: _____

PHONE: _____

CITY/STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

FINANCIAL PROVIDER:

FATHER'S NAME: _____

OCCUPATION: _____

ADDRESS: _____

EMPLOYER: _____

CITY/STATE: _____ ZIP: _____

ANNUAL INCOME REPORTED ON PRESENT FEDERAL INCOME TAX RETURN:

___ *Below \$25,000*

___ *\$25,000 to 49,999*

___ *\$50,000 to 74,999*

___ *\$75,000 to 99,999*

___ *\$100,000 to 149,999*

___ *\$150,000 and greater*

MOTHER'S NAME: _____

OCCUPATION: _____

ADDRESS: _____

EMPLOYER: _____

CITY/STATE: _____ ZIP: _____

ANNUAL INCOME REPORTED ON PRESENT FEDERAL INCOME TAX RETURN:

___ *Below \$25,000*

___ *\$25,000 to 49,999*

___ *\$50,000 to 74,999*

___ *\$75,000 to 99,999*

___ *\$100,000 to 149,999*

___ *\$150,000 and greater*

LEGAL GUARDIAN: _____

OCCUPATION: _____

ADDRESS: _____

EMPLOYER: _____

CITY/STATE: _____ ZIP: _____

ANNUAL INCOME REPORTED ON PRESENT FEDERAL INCOME TAX RETURN:

___ *Below \$25,000*

___ *\$25,000 to 49,999*

___ *\$50,000 to 74,999*

___ *\$75,000 to 99,999*

___ *\$100,000 to 149,999*

___ *\$150,000 and greater*

WILL ANYBODY BE ASSISTING YOU FINANCIALLY?

WHO CLAIMED YOU ON LAST YEAR'S INCOME TAX RETURN?

NAMES AND AGES OF BROTHERS AND SISTERS LIVING AT HOME:

NAMES AND AGES OF BROTHERS AND SISTERS WHO WILL BE ATTENDING COLLEGE NEXT YEAR:

DO YOU WORK? _____

IF SO, WHERE? _____

HOW MANY HOURS PER WEEK? _____

WILL IT BE NECESSARY FOR YOU TO PROVIDE PART OF THE FINANCING FOR YOUR EDUCATION? _____ (PERCENT)

WHAT COLLEGE DO YOU PLAN TO ATTEND?

HAVE YOU APPLIED FOR ADMISSION? _____

BEEN ACCEPTED? _____

IN WHAT SUBJECT DO YOU PLAN TO MAJOR?

WHAT IS YOUR CHOSEN VOCATION?

HAVE YOU BEEN OFFERED ANY OTHER SCHOLARSHIP? _____

IF SO, DID YOU ACCEPT? _____

IF SO, WHAT KIND OF SCHOLARSHIP(S) & AMOUNT(S):

HAVE YOU APPLIED FOR ANY TYPE OF FINANCIAL AID? _____

IF SO, WERE YOU GRANTED FINANCIAL AID? _____

IF YES, PLEASE GIVE THE SPECIFICS OF YOUR FINANCIAL AID PACKAGE:

ESTIMATED ANNUAL COLLEGE COST

\$ _____

GRANTS \$ _____

GOVERNMENT INSURED LOANS \$ _____

TOTAL OF SCHOLARSHIPS \$ _____

WORK/STUDY CONTRIBUTIONS \$ _____

TOTAL AID \$ _____

WHY DO YOU THINK HIGHER EDUCATION IS NECESSARY?

PLEASE STATE YOUR NEED FOR A SCHOLARSHIP & WHAT VALUE IT WOULD BE TO YOU.

PLEASE LIST NAMES, ADDRESSES & TELEPHONE NUMBER OF THREE REFERENCES:

1.

2.

3.

PLEASE ATTACH A WRITTEN RECOMMENDATION BY A TEACHER AT YOUR HIGH SCHOOL.

LIST ANY OTHER FACTS YOU WISH TO GIVE ABOUT YOURSELF IN SUPPORT OF YOUR APPLICATION FOR THIS SCHOLARSHIP.

LIST EXTRA-CURRICULAR ACTIVITIES (SCHOOL, COMMUNITY, CHURCH, SERVICE CLUBS, ETC.) IN WHICH YOU HAVE PARTICIPATED:

SENIOR YEAR:

JUNIOR YEAR:

SOPHOMORE YEAR:

FRESHMAN YEAR:

LIST ANY HONORS YOU HAVE RECEIVED:

TO BE FILLED IN BY COUNSELOR OR PRINCIPAL:

GPA/SCALE: _____

RANK IN CLASS/CLASS SIZE: _____

SAT TOTAL: _____

ACT COMPOSITE: _____

COUNSELOR'S or PRINCIPAL'S SIGNATURE

SIGNATURE: _____

DATE: _____

APPLICATION MUST BE RECEIVED BY

April 30, 2021

Conroe Noon Kiwanis Club

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