



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):

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

Friday, March 17, 2023

Conroe Noon Kiwanis Club

P. O. Box 872

Conroe, Texas 77305

conroekiwanis.com