



CLARE COUNTY KIWANIS CAREER TECHNICAL SCHOLARSHIP APPLICATION

Students in Clare, Farwell or Harrison continuing their education in career technical and/or accredited certification programs may apply.

Student Infor	mation:			
Name:			Email:	
Address:			City:	
State:	Zip:	Telephone:		
Birth Date:				
Current High	School Information:			
High School Name:			Graduation Date:	
Guidance Counselor Name:			Phone:	
High School A	ddress:			
City:		State:	Zip:	
Career Techni	ical School Information:			
Career Techni	ical School Name:			
Career Techni	ical School Address:			
City:		State:	Zip:	
Academic Advisor Name:			Phone:	
Program of St	udy:			
Anticipated St	tart Date of Program:			
Activities and	Interests:			

Career technical courses taken during high school (please attach a copy of your transcript):

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Clubs, Organizations, Activities and Leadership: Honors and Awards: Community Activities: List any work experience including summer, after school and volunteer work (dates, company/organization): Occupational Goal: State your reason for applying for this scholarship/How will this scholarship assist you in meeting your occupational goal: The information contained in this application is correct to the best of my knowledge. Student Signature: _____ Date: _____ Parent/Guardian Signature: ______ Date: _____ HS Official Printed Name & Title:

HS Official Signature: Date: ______