
Application for the Lynn & Jacqueline Dean Scholarship

Administered by St. Bernard Kiwanis Foundation

AGREEMENT:

1. The value of the said scholarship is for the amount of \$1,500 per semester for eight (8) semesters so long as the recipient fulfills the following criteria:
 - a. Maintains a cumulative GPA of 2.0 overall or better.
 - b. Maintains a status of full-time student as defined by the university, community, technical or vocational college attended by the recipient.
 - c. Attends a degree granting university, community, technical or vocational college.

2. Failure to maintain a 2.0 cumulative average or maintain full-time status will result in the loss of scholarship, except for extenuating circumstances, said circumstances to be approved by the Scholarship Committee. If the recipient fails to maintain a 2.0 cumulative GPA, then the recipient shall be placed on scholarship probation. To have his/her scholarship reinstated after being placed on probation, the recipient must earn a 2.0 GPA for each semester thereafter until the cumulative GPA is 2.0 or higher. Once the cumulative GPA is 2.0 or higher, the scholarship probation will be lifted.

3. All scholarship recipients shall submit to the Scholarship Committee his/her grades after the conclusion of each semester. Failing to meet this requirement may result in the withholding of any future award.

4. All GPA information shall be sent to:
St. Bernard Kiwanis Foundation Scholarship
Committee Chairman
P.O. Box 212
Arabi, LA 70032

5. If the applicant is under the age of eighteen (18), a parent or guardian shall co-sign the application.

APPLICANT'S SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

QUALIFICATIONS:

1. The applicant must be a graduating high school senior who has resided in St. Bernard or on the East Bank of Plaquemines Parish for the past three (3) years.
2. The applicant must intend to enroll in an accredited four-year college or university, or in an accredited community, technical or vocational college.
3. The applicant's overall GPA must be the equivalent of a 3.0 or better on a 4.0 point scale.

APPLICATION REQUIREMENTS: *(all information must typewritten or computer-generated)*

- Complete the Application Form, including the list of activities and leadership positions and the statement on your interest in obtaining a St. Bernard Kiwanis Foundation Scholarship.
- Obtain a signature from a school counselor or other person authorized to verify your GPA, ranking, and ACT scores.

NOTE:

The application package must be mailed to the St. Bernard Kiwanis Foundation.

<p>Deadline for submitting application package: May 3, 2019</p>
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CONTACT INFORMATION:

Mail Application to:

St. Bernard Kiwanis Foundation Scholarship
Committee Chairman
P.O. Box 212
Arabi, La. 70032

For additional information visit the website at www.stbernardkiwanis.org or contact Mitch Perkins (504-250-3683) or Robert Showalter (504-616-7312)

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(Please type all data)

NAME _____
Last First Middle

HOME ADDRESS _____
Street

City State Zip Code

HOME PHONE # _____ EMAIL _____ DATE OF BIRTH _____

NUMBER OF YEARS RESIDENT OF ST. BERNARD/EAST BANK PLAQUEMINE S PARISH _____

NAME of HIGH SCHOOL _____

SCHOOL ADDRESS _____
Street

City State Zip Code

SCHOOL PHONE NUMBER (_____) _____

PRINCIPAL'S NAME: _____

SENIOR COUNSELOR'S NAME: _____

DATE OF GRADUATION _____ APPROXIMATE RANK IN CLASS _____

OVERALL G.P.A. _____ NON-WEIGHTED G.P.A. _____ (no higher than 4.0)

ACT COMPOSITE SCORE _____ COUNSELOR'S INITIALS _____

ENGLISH _____

MATH _____

SCIENCE _____

READING _____

INTENDED MAJOR _____

ARE YOU ENROLLED IN HONOR COURSES? _____

LIST OF ACTIVITIES AND LEADERSHIP ROLES *(Use additional sheets of paper if needed)*

ACTIVITIES:

POSITIONS OF LEADERSHIP IN CLUBS _____

OTHER CLUB ACTIVITIES _____

SCHOOL ACTIVITIES:

POSITIONS OF LEADERSHIP _____

OTHER SCHOOL ACTIVITIES _____

COMMUNITY ACTIVITIES:

POSITIONS OF LEADERSHIP _____

OTHER COMMUNITY ACTIVITIES _____

IN THE SPACE BELOW, GIVE A BRIEF STATEMENT OF YOUR INTEREST IN OBTAINING A ST. BERNARD KIWANIS FOUNDATION SCHOLARSHIP _____

I UNDERSTAND THE QUALIFICATIONS OF THIS SCHOLARSHIP AND I CERTIFY THAT THE INFORMATION GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature: _____

_____ Date

Certified by: _____

School Counselor/Representative

_____ Date