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# Application for St. Bernard Kiwanis Foundation Scholarship

## Sponsored by St. Bernard Kiwanis Foundation

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### **AGREEMENT:**

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1. The value of the said scholarship is for the amount of \$600 per semester for eight (8) semesters so long as the recipient fulfills the following criteria:
  - a. Maintains a 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. Recipient must attend a degree granting university, community, technical or vocational college.
  
2. Failure to maintain a 2.0 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:**

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1. The applicant must be a resident of St. Bernard Parish for the past three (3) years.
2. The applicant must be a graduating high school senior from any public high school within St. Bernard Parish or any public or private high school within the Greater New Orleans area.
3. The applicant must intend to enroll in an accredited four year college or university, or in an accredited community, technical or vocational college.
4. The applicant's overall GPA must be the equivalent of a 2.5 or better on a 4.0 point scale.

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

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- 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.
- Obtain a signature from one of the Club sponsors verifying your involvement in Club activities.

**NOTE:**

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

<p><b>Deadline for submitting application package: April 7, 2017</b></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](http://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 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? \_\_\_\_\_

**ARE BOTH PARENTS LIVING?** \_\_\_\_\_

**ARE YOU LIVING WITH YOUR PARENTS?** \_\_\_\_\_

**FATHER'S PLACE OF EMPLOYMENT** \_\_\_\_\_

**FATHER'S OCCUPATION** \_\_\_\_\_

**MOTHER'S PLACE OF EMPLOYMENT** \_\_\_\_\_

**MOTHER'S OCCUPATION** \_\_\_\_\_

**NUMBER OF CHILDREN IN FAMILY (EXCLUDE APPLICANT)** \_\_\_\_\_

**PRE-SCHOOL** \_\_\_\_\_ **ELEM. SCHOOL** \_\_\_\_\_ **HIGH SCHOOL** \_\_\_\_\_ **COLLEGE** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**HAVE YOU BEEN AWARDED ANY OTHER SCHOLARSHIP TO ANY INSTITUTION AND/OR BY ANY OTHER ORGANIZATIONS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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**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: \_\_\_\_\_ Date \_\_\_\_\_  
 Faculty Advisor