



**TO THE APPLICANTS:**

This scholarship packet is to be used by students who are residents of AVON LAKE and who wish to apply for a KIWANIS SCHOLARSHIP. Below is a detailed explanation of the program, outlining the criteria for qualification. Please follow all the instructions. Print or type all information and sign the form. Request the additional materials required. **Complete packets must be submitted to the Guidance Office no later than March 2, 2026. Incomplete packets or packets received after March 2, 2026 will not be considered.** The Kiwanis Scholarship Program is an independent, non-profit scholarship program.

**AVON LAKE KIWANIS SCHOLARSHIP CRITERIA**

**ROBERT G. AND HELEN B. MURRAY SCHOLARSHIP OF AVON LAKE KIWANIS CRITERIA**

- \* Avon Lake Kiwanis offers scholarships from two funds; only one application is necessary.
- \* Applicant must be a senior in high school or a high school graduate or must have completed a GED program, and must be planning to attend a degree-granting college or university accredited by the NCAHLC or its equivalent.
- \* AVON LAKE KIWANIS SCHOLARSHIPS are available for the residents of AVON LAKE.
- \* Academic achievement, financial need, and community service will be considered when making the awards.
- \* Membership and active participation in a K-Kids, Builders Club, Key Club and/or Circle K- Club will be considered when making the awards. Membership and active participation of a parent, grandparent or sibling in a Kiwanis Club will also be considered when making the awards. Awards are based on written applications and recommendations submitted to the Avon Lake High School Guidance Office on or before **March 2, 2026**.
- \* It is the responsibility of the student to notify the scholarship treasurer in writing of any changes in plans for college. Failure to do so may result in loss of the scholarship.
- \* Scholarship recipients may attend any accredited (see above), degree-granting, public or private two-year or four-year college, technical college, or university. Recipients must be full-time students and must be working toward a recognized undergraduate degree.
- \* The amount of the award takes into account the educational costs at the college, other scholarship aid, family financial situation and whether the student is boarding or commuting. **Checks will be made payable to and mailed directly to the college.** Awards for boarding students will be applied to tuition, fees, books, and room and board. Awards for commuting students will be applied to tuition, fees and books. One-half of the award amount will be applied to each semester; unused funds will be returned to the Avon Lake Kiwanis Scholarship program.
- \* The committee will make the selections by evaluating the information received from the applicant and the high school. Financial need will be determined from information included in the applicant's essay.
- \* The scholarships are non-renewable.
- \* Avon Lake Kiwanis does not discriminate on the basis of race, sex, religion, national origin, sexual orientation or marital status.

**AVON LAKE KIWANIS SCHOLARSHIP APPLICATION**

**DEADLINE: MARCH 2, 2026**

**TO THE APPLICANT: TYPE OR PRINT NEATLY IN INK**

**NAME OF APPLICANT** \_\_\_\_\_

**ADDRESS (USE HOME MAILING ADDRESS)**

**STREET** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PARENTS NAMES** \_\_\_\_\_

**PARENTS HOME PHONE** \_\_\_\_\_ **SS # (LAST 4 DIGITS)** \_\_\_\_\_

**YOUR EMAIL** \_\_\_\_\_

**HIGH SCHOOL NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**DATE YOU PLAN TO ENTER COLLEGE** \_\_\_\_\_

**PLEASE LIST ANY COLLEGES YOU ARE CONSIDERING ATTENDING IN THE FALL OF 2020:**

\_\_\_\_\_

**WHAT MAJOR COURSE OF STUDY DO YOU INTEND TO PURSUE?**

\_\_\_\_\_

**LIST ANY OTHER SCHOLARSHIP(S) YOU WILL BE RECEIVING**

**NAME** \_\_\_\_\_ **AMOUNT** \_\_\_\_\_

**NAME** \_\_\_\_\_ **AMOUNT** \_\_\_\_\_

**FORM A-2**

**AVON LAKE KIWANIS SCHOLARSHIP APPLICATION**

**APPLICANT'S NAME** \_\_\_\_\_

**List academic honors received in high school or college if you are currently enrolled in college.**

---

---

---

---

---

---

**List leadership activities you have been involved in while in high school or college.**

---

---

---

---

---

---

**List extracurricular activities and community involvement.**

---

---

---

---

---

---

---

---

---

---

**Were you a member of a K-Kids Club, Builders Club or Key Club? If so, please list the name(s) of the clubs and your contributions to its projects and goals.**

---

---

---

**Has a parent, grandparent, or sibling been an active member of a Kiwanis Club? If so, please list the name(s) Of the clubs.**

---

**I certify to the best of my knowledge that the information I have provided in this application is accurate. I give the Scholarship Director permission to contact my school to verify the information provided in this application.**

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**ALL INFORMATION AND ANY QUESTIONS SHOULD BE DIRECTED TO**

**AVON LAKE KIWANIS SCHOLARSHIP PROGRAM**

**C/O Eileen Wozniak. Sec./Treas.**

**Phone 440-225-8686**

**[WozniakEileen@yahoo.com](mailto:WozniakEileen@yahoo.com)**

**ALL MATERIALS MUST BE SUBMITTED NO LATER THAN MARCH 2, 2026**

## AVON LAKE KIWANIS SCHOLARSHIP APPLICATION

FORM B1

### HIGH SCHOOL CERTIFICATION FORM

To The Applicant: Please complete Part I and give this form to your high school counselor to complete Part II. Counselor should complete in accordance with instructions given below.

#### PART I

Name of Student: \_\_\_\_\_ (printed) \_\_\_\_\_ (signature) \_\_\_\_\_  
Social Security No.(last 4 digits) \_\_\_\_\_ Date of Request \_\_\_\_\_

To The Counselor:

- ~ Please complete Part II of this form.
- ~ Please include an official copy of this student's transcript with grades through **FALL SEMESTER 2025**.
- ~ Please sign form.
- ~ Please return form and transcript to student **OR THE AVON LAKE HIGH SCHOOL GUIDANCE OFFICE**.

#### PART II

High School \_\_\_\_\_

Address \_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_

SAT or ACT Scores: Please report multiple results if available. Do not list composite scores.

V _____	WR _____	English _____	Science _____
M _____	SAT	ACT	
		Math _____	Writ _____
		Read _____	

Name of Counselor: \_\_\_\_\_ ( printed ) \_\_\_\_\_ ( signature ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
\*Please do not staple the transcript to this form; you may fold or paper clip.

ALL INFORMATION AND ANY QUESTIONS SHOULD BE DIRECTED TO:

#### AVON LAKE KIWANIS SCHOLARSHIP PROGRAM

C/o Eileen Wozniak Sec/Treas.

PHONE: (440) 225-8686

[wozniakcileen@yahoo.com](mailto:wozniakcileen@yahoo.com)

**MATERIALS MAY BE RETURNED TO THE STUDENT TO BE INCLUDED IN THE APPLICATION PACKET AND SUBMITTED TO THE GUIDANCE OFFICE NO LATER THAN MARCH 2, 2026.**

## FORM B-2

**AVON LAKE KIWANIS SCHOLARSHIP PROGRAM****RATING SHEET FOR SCHOLARSHIP APPLICANT**

To The Applicant: Please complete Part I and give this form to one of your high school teachers to complete Part II

**PART I**

Name of Student (printed) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Social Security Number (last four digits) \_\_\_\_\_

**Part II****To the Teacher:**

Please complete Part II of this form

**\*\*\*PLEASE WRITE A LETTER OF RECOMMENDATION FOR THIS STUDENT\*\*\***Please return form and letter of recommendation to the student or the guidance office by **MARCH 2, 2026**.

ACADEMIC RATINGS:	GOOD	EXCELLENT	OUTSTANDING	ONE OF THE TOP FEW EVER ENCOUNTERED
Academic Motivation				
Creativity				
Academic Self-Discipline				
Academic Growth Potential				
CHARACTER AND PERSONALITY RATINGS:				
Leadership				
Self-Confidence				
Warmth of Personality				
Sense of Humor				
Concern for Others				
Emotional Maturity				
Personal Initiative				
Reaction to Setbacks				
Integrity				
Respected by Faculty				
Extracurricular Involvement				

(over)

<b>OVERALL RECOMMENDATION RATING:</b>					
---	--	--	--	--	--

NAME OF TEACHER \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(PRINT)  
EMAIL: \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_

SUBMIT BY MARCH 2, 2026 TO THE ALHS GUIDANCE OFFICE.  
QUESTIONS SHOULD BE DIRECTED TO:

EILEEN WOZNIAK SEC/TREASURER  
EMAIL: [wozniakeileen@yahoo.com](mailto:wozniakeileen@yahoo.com) PHONE: 440-225-8686

## AVON LAKE KIWANIS SCHOLARSHIP PROGRAM

### ESSAY

Applicant's Name \_\_\_\_\_

**Briefly describe yourself. This may include the kind of person you are, your strengths and your most important achievements in school and in your community. You may also include your hobbies, interests, sports, volunteer work, employment, and future plans or career goals. Type your essay and proofread the finished copy. Limit your essay to one page.**