KIWANIS CLUB OF LINCOLN – CAPITAL CITY CLUB/FOUNDATION

2024 SCHOLARSHIP INFORMATION AND APPLICATION PROCEDURE

I.  Scholarship Name: Kiwanis Club of Lincoln – Capital City 2024 Scholarships.

II.      Provider Name:  Kiwanis Club of Lincoln – Capital City.

III. Amount of Scholarships:  $1,000.

IV.     Deadline and Submission Procedures:  Postmark deadline date:  March 15, 2024

A. Portable Document Format (PDF) and Microsoft Word (DOC) versions of this document may be downloaded by clicking on the link at the end of this form.

          B. Application is to be submitted by mail to:

                                      Student Aid Committee

                                       Lloyd Bell, Chair

                                      14300 Raymond Road

                                      Waverly, NE. 68462

V.  Scholarships Available.

1. Five are available @ $1,000:

  1.   Beverly J. Carlson Education Scholarship (1) for Elementary or Music Education.

                This is a memorial scholarship for Beverly Carlson, an elementary teacher.

**2.**Bob and Dottie Orshek Scholarship (1) for Arts or Law.

                This scholarship is for students enrolled in arts, theater, music, dance, or law.

**3.**Gwen and Alan Farmer Scholarship (1) for Nursing.

This memorial scholarship is for a recent high school graduate or a non-    traditional student (with two years of residence in Lancaster County) with preference for a  Lincoln Northeast graduate where Farmers were 1947 graduates, others may apply.

**4.**Capital City Kiwanis Club and Foundation Scholarships (2) for any major.

          B.       Each scholarship is a one-time award.

VI.     Contact Information:

A.  Questions about Kiwanis Club of Lincoln-Capital City Kiwanis Scholarships may be emailed to:  Lloyd Bell, [lbell1@unl.edu](mailto:lbell1@unl.edu)

          B.  Contact with applicants will be made using the email addresses provided on page 3.

 C.  Scholarship recipients will receive a Certificate of Award and an award dinner may be held.

VII.   Eligibility Criteria:

* Children and grandchildren of this Club’s members are not eligible for these scholarships.
* Applicants must be graduating seniors of any Lancaster County High School, accepted at an accredited Nebraska community college, four-year college, or university. (However, a non-traditional, beginning student may be considered for the Farmer Nursing Scholarship).

* Applicants should have a minimum GPA of 3.0 on a 4.0 scale, or the equivalent.
* Selection will be made with no discrimination of gender, age, disability, religion, or national origin.
* Applications must be legible; use of a word processor is encouraged.
* All application information will be kept confidential in the selection process.

* With a designated scholarship indicated but with applicant not selected for that award, the application will be considered for other available scholarships.
* All information requested must be provided for consideration of the scholarships.

VIII.  Application Instructions:

          A. Complete application includes:

              1.       Application pages (3) three and (4) four with response to all items.

 2.       A narrative double spaced and no more than one page in length.  Highlight high school and community activities and achievements, educational and career goals and why you believe you should receive a scholarship from the Capital City Kiwanis Club.

          3.       One confidential letter of recommendation.

IX. Evaluation of Applications:

          A. The evaluation will be based upon six criteria:

                 Scholastic Achievement

                   Financial Need

                   School and Community Service Activities

          Leadership Potential

          Recommendation

          Sincerity and Presentation

 B. Committee members will individually assess applications using a numerical scale regarding information provided for each area.  Cumulative scores of reviewers will be determined, and scholarships will be assigned according to the rankings.

C. Applicant rankings may be modified for unusual circumstances with the result of a preference of that applicant for an award.

D.  For Scholarship Awards Capital City Kiwanians seek good students, good citizens, and community-service-minded individuals who are not necessarily Regent’s Scholars.

X. Notification of Award:

          A.  Offers of an award will be made by E-mail and by the end of April.

B.  Students accepting awards will receive additional information about an award dinner, if held or that their award is mailed to the appropriate financial aid office.

2024 SCHOLARSHIP APPLICATION INFORMATION FOR

KIWANIS CLUB OF LINCOLN – CAPITAL CITY CLUB/FOUNDATION

A.  Personal and Scholastic Information: For

                                                                Applicant’s name

Age              E-mail Address                                                          Phone

Street Address                                         City                                  \_Zip Code

|  |
| --- |
| High School    Cum. GPA                                                            ACTScore    These scores are verified  by:                                                                                                                                                                                                        Counselor’s Signature            Date |

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Parent’s or Legal Guardian’s Name

Number of brothers or sisters who will be attending college this year.

B.  Identify the scholarship(s) to be considered for your application:

****  Beverly J. Carlson Education Scholarship

**** Bob and Dottie Orshek Scholarship

**** Gwen and Alan Farmer Nursing Scholarship

**** Capital City Kiwanis Club and Foundation Scholarships (2) for any major.

C.  Financial Information and Estimating Need:

Parent’s adjusted gross income reported for the most recent taxable year.

Use (FAFSA) or similar estimation values to determine Un-Met Need for your first college year.

Nebraska College or University you are planning to attend:

Collegiate Major in which you are enrolling:

**Estimation of Resources**

1.  $                   Estimated Parent’s or Guardian’s Contribution

2.  $                  Estimated Student’s Contribution

3.  $                   Estimated other Financial Assistance

4.  $                  Total Estimated Resources

                (From lines 1 to 3.)

**Estimation of Expenses**

5. $                        Estimated Tuition & Fees

6. $                         Estimated Housing & Food

7. $                         Estimated Personal Expenses

8. $                   \_\_\_Estimated Transportation

9. $                        Total Estimated Expenses

|  |  |
| --- | --- |
| |  | | --- | |  | |

            (From lines 5 to 8)

10. $                         Total Expenses - $                                    Total Resources =   $**Estimated Unmet Need**

                 (from Line 9)                                                                                          (from line 4)

D. School Activities and participation.

|  |  |
| --- | --- |
| Include Societies, Clubs or Groups, Athletics, etc. | Years participation, Honors, Awards, Offices Held or other Leadership for this activity. |
| Examples:        Kiwanis Key Club.                            Cross Country Team. | 3 years, VP & Pres.; started “Quarters 4 MNT”.  4 years, Team Captain; Conf. Champions. |
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E.  Community Service Activities and Participation

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| --- | --- |
| Include service, employment, and volunteering | Years of participation, Honors, Awards, Offices held or other Leadership for activity. |
| Examples:  4H, Exhibited State Champ. Mkt. Goat.            County Park Cleanup.            Food Service employee. | 7 years, Sec. & VP; Nat. Leadership Council.  3 years, Coordinator of activities as Sr.  2 years, “Best employee”, three months. |
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F.  Narration.

Prepare an interesting and well-written one-page narrative (double spaced) about your accomplishments, educational and career goals and why you should be considered for a Capital City Kiwanis scholarship.

G.  Letter of recommendation   Identify one professional reference to provide support for your scholarship application and include it as a confidential (sealed) letter with your application.   Please list the name and phone number of the person providing the recommendation:

                                                                                                                                    \_

 Name of Reference                                                                                              Phone Number

H. Awards:

Award checks will be payable to the college or university and the recipient and sent to the appropriate financial aid office to be credited to the student’s collegiate tuition and fee account.Recipients will need to endorse the check at the financial aid office.

I. This Application is Submitted by:

                                                    Applicant’s Signature                                     Date of mail