



ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

**Kiwanis Club of Corinth
Leon Frazier Memorial Scholarship
Student Information Application**



All Shaded Areas Must Be Completed (Please Type or Print)

Personal Information

Name: _____ SSN _____ Age: _____ DOB: _____
 Address: _____ City _____ State _____
 Zip Code _____ High School _____ GPA _____ ACT Score _____
 Plan Major In College _____ Plan To Attend _____ Home Phone: _____

Employment Information

Present Employment: _____ How Long _____ Hours/WK _____
 Work Phone: _____ Supervisor's Name _____

Parent/Guardian Information

Name: _____
 Address _____
 Home Number _____ Total Household Income _____ (Please State Yearly Amount)
 His Employer: _____ Annual Income _____ Work Phone: _____
 Her Employer: _____ Annual Income _____ Work Phone: _____

Personal Reference

(One reference must be a teacher, principal, instructor or counselor)

Reference Name	Address	Relation	Phone #
_____	_____	_____	_____
_____	_____	_____	_____

Honors, Awards, Accomplishments, Activities, Future Goals

List All Other Sources of Financial Assistance & Amounts You Expect To Receive

Describe Your Financial Need

