

# Kiwanis Club of Sheffield, Inc.

PO Box 683, Sheffield, MA 01257

It is preferred that you email your Application with ALL related materials to: Marie Ryan, [ryan\\_family5@yahoo.com](mailto:ryan_family5@yahoo.com). You may drop off your complete Application and ALL related materials at Wheeler & Taylor Great Barrington during regular business hours. You may mail your Application and ALL Related Materials To: Scholarship Chair, Kiwanis Club of Sheffield, PO Box 683, Sheffield, MA 01257.

**\*\*NOTE: IT IS IMPERATIVE THAT YOU FULLY COMPLETE THE INFORMATION ON ALL PAGES. FAILURE TO DO SO MAY RESULT IN YOUR APPLICATION NOT BEING CONSIDERED. ALL REQUIRED MATERIAL AND DOCUMENTATION MUST BE IN THE SAME EMAIL OR ENVELOPE. DO NOT SEND SEPARATELY\*\***

**Your Complete Application Packet MUST BE RECEIVED (not postmarked) by April 1, 2024. APPLICATIONS RECEIVED AFTER April 1, 2024 will NOT BE CONSIDERED.**

## **Eligibility:**

- Residents of the 9 towns served by Sheffield Kiwanis: Alford, Egremont, Great Barrington, Monterey, Mount Washington, New Marlborough, Sheffield, Stockbridge and West Stockbridge and MMRHS students residing in Otis, Sandisfield and Richmond are eligible to apply.
- Students in private high schools and home-schooled students are eligible to apply if they live within the BHRSD & SBRSD districts 12 towns listed above and meet all other requirements.
- School choice students attending Monument Mountain or Mount Everett high schools who reside outside the 12 towns listed above are not eligible.
- Students who are active members of MMRHS Key Club regardless of residency.
- Returning college students are eligible to apply if they meet all other criteria, even if they did not receive a Sheffield Kiwanis scholarship at graduation.
- Students applying to Colleges, Universities, Community Colleges, Trade, Technical or Business schools are eligible.

## **Check List Of Required Materials To Be Included With This Application:**

**\*\*NOTE:** This is primarily a needs-based scholarship. Failure to include the requested documentation, as well as not completing the Application in its entirety, may result in the Application not being considered for a scholarship. Thank you for your attention to these matters.

- \_\_\_\_\_ A one-page (approx. 300 words) statement from the applicant indicating future goals and expectations
- \_\_\_\_\_ Two Letters of Recommendation (not required for college students reapplying for scholarship)
- \_\_\_\_\_ School Transcript
- \_\_\_\_\_ Copy of Pages 1 & 2 of most recent IRS 1040 (or equivalent) tax return of parent/guardian who claims you as a dependent
- \_\_\_\_\_ Copy of Student's Federal Tax Return (if applicable)
- \_\_\_\_\_ Student Aid Report (SAR). If the Applicant has not received his/her SAR, the Applicant may include his/her FAFSA application

## Scholarship Application

### General Information:

Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address Including Town: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

High School: \_\_\_\_\_ Town of Residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Total Number of Family Members in household including yourself and your parents: \_\_\_\_\_

Household members currently in college: \_\_\_\_\_

Who will assume financial responsibility for your post-secondary education? \_\_\_\_\_

### I. Estimate of School Expenses for Academic Year for Which Aid Is Requested:

	First Choice	Alternate Choice (if applicable)
Name of School:	_____	_____
a. Tuition & Fees: \$	_____	\$ _____
b. Room & Board: \$	_____	\$ _____
Total: \$	_____	\$ _____
Planned Field of Study:	_____	

### II. Estimate of Amount of Funding Available for Your College Expenses:

	First Choice	Alternate Choice (if applicable)
Name of School:	_____	_____
a. From Family	_____	_____
b. From School	_____	_____
c. From Scholarships	_____	_____
d. From Loans	_____	_____
e. Student/Other	_____	_____
Explain Sources:	_____	
	_____	
Total:	_____	_____

### III. Calculation of Need: Total I minus Total II \_\_\_\_\_

**IV. School and Community Activities:**

List School Honors, Prizes & Awards You Have Received: \_\_\_\_\_

\_\_\_\_\_

List school and community activities in which you have participated and organizations you have volunteered for:

\_\_\_\_\_

\_\_\_\_\_

**V. Kiwanis Connection** (does not guarantee scholarship):

Are you a Current or Past Key Club or Circle K Member? Yes \_\_\_\_\_ No \_\_\_\_\_ Years \_\_\_\_\_

Is your Parent/Grandparent a current or past member of Sheffield Kiwanis? His/Her Name \_\_\_\_\_

**VI. Student's Employment History:** \_\_\_\_\_

\_\_\_\_\_

Please describe any **specific financial hardship or extenuating circumstances** applicable either to you or your family that indicates any special need for financial assistance to further your education.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**You may attach any additional information, as appropriate, to this application.**

**THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Scholarship recipients will be announced no later than June 1. Scholarship Award is available to the student after the successful completion of their 1<sup>st</sup> semester and proof of enrollment for the following semester. This information must be mailed directly to: Scholarship Chair, Kiwanis Club of Sheffield, PO Box 683, Sheffield, MA 01257 and received by January 31, 2025.**