



## Kiwanis Club of New Albany / Award Application

**APPLICATION DEADLINE: March 20, 2026**

Mail to: Windy Faulkner, Union County Schools, 250 Carter Avenue, New Albany, MS 38652

### **Student Information**

Student Name: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

ACT Score: \_\_\_\_\_ High School G.P.A.: \_\_\_\_\_

Choice of College: \_\_\_\_\_

Major Area of Study: \_\_\_\_\_

Please list other scholarships you are scheduled to receive:

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### ACTIVITIES AND HONORS

List high school activities, awards, and positions of responsibility and leadership held by you. Be sure to include any state, regional, and national honors you have received.

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### SERVICE HOURS

Please list the number of community service hours you have earned during your high school years:\_\_\_\_\_

### LETTER OF RECOMMENDATION

Please include a letter of recommendation from your high school principal or teacher stating why you are deserving of this award.

\_\_\_\_\_ I will submit a letter of recommendation

### ACKNOWLEDGEMENT OF DISQUALIFICATION

\_\_\_\_\_ I understand that any willful misrepresentation will disqualify me from consideration.

### **Parent Information**

Parent's Name(s):\_\_\_\_\_

Permanent Mailing Address:\_\_\_\_\_

City, State, Zip:\_\_\_\_\_

Phone:\_\_\_\_\_

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

**APPLICATION DEADLINE: Friday, March 20, 2026**

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