



Kiwanis Club of New Albany / Award Application

APPLICATION DEADLINE: March 22, 2024

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:

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.

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 22, 2024

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