



Westport Kiwanis Club
P.O. BOX 213
Westport, CT 06881

Kiwanis College Financial Aid Application 2016

*Please return completed forms to above address or submit
via email to elained@westportct.gov by April 15, 2016*

Please complete this application thoroughly and enclose:

- o Personal Statement as to why you are applying for assistance
- o Staples Tuition Grant application (if applying),
- o my CSS Profile (if available),
- o a copy of your parents most recent tax returns (if available)
- o Personal recommendation/support letter

We strongly recommend that you complete this online application, scan supportive financial documents and email it with your application.

I. APPLICANT INFORMATION

Students Name: _____

Parent/s or Legal Guardian's Name: _____

Student's Primary Address: _____

Student's Phone Number: _____ **Email Address:** _____

Cumulative GPA and SAT/ACT scores: _____

Please list high school extracurricular activities, sports teams, and time commitment (seasonal, daily, year round etc.)

Activity:

Time Commitment:

_____	_____
_____	_____
_____	_____

Please list other community involvement, volunteer projects and estimate time spent:

_____	_____
_____	_____
_____	_____

College you will attend in the fall of 2016? _____

Tuition, room, and board costs? _____



Please list your personal income from:

Summer employment last year? _____

School year employment? _____

Do you have any savings? (Please circle) Yes or No, If yes, how much? _____

College scholarships, grants, loans, and other financial aid requested and/or offered to you from your high school and/or college? _____

Are you the beneficiary of a CHET (Connecticut Higher Education Trust) or other college financing plan? (Please circle) Yes or No if yes please list: _____

II. PERSONAL STATEMENT:

Please attach a personal statement (no more than two pages and typed please) stating why you are applying for Kiwanis College Financial Aid and how you have contributed to your community over the past four years. (Please give extenuating circumstances and specific reasons why financial assistance is needed.)

Please provide the name and contact information of your non-family related references:

Reference 1:

Name: _____ Email: _____ Phone: _____

Reference 2:

Name: _____ Email: _____ Phone: _____

III. HOUSEHOLD INFORMATION

Please complete. Including yourself and all persons who live with you.

Number of persons in household: _____

Number of adults (over 21 years old): _____

Number of children in family (under 21 years old): _____

Number of siblings currently attending college (& where): _____

Do you have any funds set up for your college expenses such as family trusts, or gifts from relatives? Yes or No. If so, how much and how will it be distributed? _____

How many automobiles in your family? _____

Do you own a boat, a plane, or a horse? _____

Other real estate beyond primary residence owned? _____



IV. PARENT / GUARDIAN INFORMATION:

Please ask your parent or legal guardian to help answer these questions.

- A. Are your parents married or divorced or separated? (Please circle)
- B. Do you live with a legal guardian? Yes or No
- C. If parents are divorced, where is your primary residence? Mom or Dad

Mother/Guardian			Father/Guardian		
Name:			Name:		
Address:			Address:		
City:	St:	Zip:	City:	St:	Zip:
Home Ph.:	Cell Ph.:		Home Ph:	Cell Ph.:	
Day Phone:			Day Phone:		
Email address:			Email address:		
Occupation:			Occupation:		
Company:			Company:		
Address:			Address:		
City:		State:	City:		State:

D. Mother's Financial information:

Annual Income: _____

Home: Rent or own home: (please circle)

If owned:

Fair market value of residence: _____

Mortgage of residence: _____

Stocks and Bonds: _____

Father's Financial information:

Annual income: _____

Home: Rent or own: (please circle)

If owned:

Fair market value of residence: _____

Mortgage of residence: _____

Stocks and Bonds: _____



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Are there any financial circumstances that you did not address in your personal statement which you wish to explain to the committee? Yes or No (please circle) Please explain below:

Signature of Applicant (student): _____

I, the father of the applicant, hereby affirm to the truth of the foregoing and grant the committee permission to review a copy of my filed tax return.

Signature: _____ Date: _____

I, the mother of the applicant, hereby affirm to the truth of the foregoing and grant the committee permission to review a copy my filed tax return.

Signature: _____ Date: _____

Please return completed forms by April 15, 2016 to:

**Westport Kiwanis Club
c/o Scholarship Committee
P.O. BOX 213
Westport, CT 06881**

Incomplete forms will not be considered. Please provide at least one letter of support for your application from a teacher, counselor or other community member with whom you have worked to attest to your service and dedication to community service work. (No relatives please!) Questions regarding the application can be directed to Elaine Daignault at 203-341-1165 or elained@westportct.gov