

District Matching Scholarship Request Form

Please complete a separate form for each matching scholarship you are requesting. Scholarship checks will be sent directly to the recipient's school, payable to both the student and the institution, on behalf of your district. Please mail this form to Julie Taylor at the address at bottom, email it as an attachment to jtaylor@kiwanis.org, or fax to +1-317-217-6559. Forms must be received by September 30th to qualify for funding.

District Information Contact person: Phone number: _____ Email: _____ **Scholarship Recipient Information** Name of recipient: (Name as it appears on school records) Student's university identification number: Student's permanent address: City State/Province Postal Code **University Information** University name: _____ State/Province Postal Code City

Phone number: _____ Email: _____