

Pioneer Community Foundation of Mason County, Shelton Scholarship Application

Due date. Postmarked or returned via email by April 15, 2024 Please print / Attach additional sheets if desired

NAME				DOB
ADDRESS				
Mailing Address (i	f different)			
CITY	STATE	ZIP	PHONE	
E-Mail Address				
Parent/Guardian na	ame(s)			
Parent(s)/Guardian	(s) address and phone	e (if different than	ı yours)	
Schools attended:				
Elementary				
Middle/Junior Hig	h			
High School				
Date of Graduation	1			
High School Grade	e Point Average			

College/University/Technical school you plan to attend (name and address)			
Major / Minor			
High School Activity or Involvement			
Community Activity or Involvement			
Honors/Awards			

Employment and/or Family Resp	ponsibilities
Please attach:	
= -	our plans and goals (no more than one typed page) ion (At least 1 is required to be current.) cript
consent to the Pioneer Kiwanis I	INFORMATION: If I am chosen to receive a scholarship award, I give my Foundation to release the information contained in my application to the ews media, my high school, and to the college of my choice.
Signature of applicant	
Date	
Signature of parent/guardian if a	pplicant is a minor
Date	
	Submit completed application to:
	Kiwanis Scholarship Committee
	c/o Lee Strohm
	101 E Ritz Drive
	Shelton, WA. 98584
	Or email to

Leeswoods51@gmail.com

If you are awarded a scholarship, a member of the Scholarship Committee will contact you.

Good Luck!!!!!!!!!!!!!!!!!!!!!!