



CLARE COUNTY KIWANIS SCHOLAR-ATHLETE AWARD

Applicable to students in Clare, Farwell or Harrison Schools.

Student Information:

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Current High School Information:

High School Name: _____ Graduation Date: _____

Guidance Counselor Name: _____ Phone: _____

I. Athletic Information:

A. # of Varsity Letters Won: _____

B. Sports and years in which Varsity Letters were won:

a. Freshman: _____

b. Sophomore: _____

c. Junior: _____

d. Senior: _____

C. # of J.V. and Freshman Letters Won: _____

D. Sports and years in which J.V. and Freshman Letters were won:

a. Freshman: _____

b. Sophomore: _____

II. Extra-curricular activities, including band (Note: These activities must be school related). Single day events do not qualify.

A. Activities:	# of years of participation:
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a. _____	_____
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b. _____	_____
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c. _____	_____
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d. _____	_____
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e. _____	_____
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Activities Continued:

of years of participation:

f. _____

g. _____

h. _____

i. _____

j. _____

III. **Current Grade Point Average:** _____

The information contained in this application is correct to the best of my knowledge.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

HS Official Printed Name & Title: _____

HS Official Signature: _____ Date: _____