

GABLES SERVICE SCHOLARSHIP



THE KIWANIS CLUB
OF CORAL GABLES
SINCE 1926



CORAL GABLES HIGH
KEY CLUB
SINCE 1952

SCHOLARSHIP CRITERIA

SCHOLARSHIP OUTLINE & PURPOSE

This scholarship(s) is provided annually by The Key Club of Coral Gables High under the direction of The Kiwanis Club of Coral Gables. It is financed from the proceeds raised by over 1,700 Key Club Members who contributed thousands of service hours at the annual Christmas Tree Lot from 1972 to 1989. The Gables Service Scholarship is awarded annually to the graduating senior(s) who best personifies the principles of Key Club through service to their school, place of worship, community and family. Academic achievement and financial need are additional factors in the evaluation process. ***You do not have to be a Key Club member to be eligible.***

The scholarship(s) awarded must be used for the purpose of higher education. Scholarship checks will be sent directly to the college or university, with the only exception being a case where the college would reduce the amount of other financial aid due to this award. Scholarship award amounts vary, but start at \$1,000. All applicants will be notified in writing, and winners will be invited along with family members to attend a congratulatory dinner. An additional award, the Don Hicks Scholarship, will be announced at the dinner, which will double the award amount for one scholarship winner.

ELIGIBILITY

All current year graduating seniors of Coral Gables High School are eligible to apply.

CONTENTS OF APPLICATION

Each candidate must submit to the committee the following information, typed or neatly printed, **in one complete package.**

- 1 - Completed Application
- 2 - Personal Statement – (two page max) discussing the following:
community service involvement & activities (school / place of worship / family / community/ charity)
personal educational goals, future plans and objectives (academic / business / professional)
and need for financial assistance
- 3 - Complete transcript of grades through first semester, senior year.
- 4- Two letters of recommendation (teachers, school official, minister/rabbi, advisor, community representative, employer)

APPLICATION DEADLINE

The completed application must be submitted to Ms. Sanz on or before 2pm on **Friday, March 15th, 2024**

Location: **Coral Gables Senior High
CAP Office (Ms. Sofia Sanz)
450 Bird Road
Coral Gables, FL 33134**



PERSONAL DATA									
Name (First, Middle, Last)					Date of Application (mm/dd/yy)				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date (mm/dd/yy)							
Present Address									
City				State		Zip			
Permanent Address (if different)									
City				State		Zip			
Email Address					Home Phone			Cell Phone	
Citizenship: <input type="checkbox"/> U.S.		<input type="checkbox"/> Resident Alien (specify country of citizenship)			Driver's License #			Issuing State	
Member of Key Club: <input type="checkbox"/> Yes (yrs. served) <input type="checkbox"/> Officer _____		<input type="checkbox"/> No (If "No" to what service club(s) do you belong)							
Check one: <input type="checkbox"/> Father <input type="checkbox"/> Stepfather	Name			Address			City	State	Zip
Occupation	Employer		# of yrs.	Employer's Address			City	State	Zip
Check one: <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother	Name			Address			City	State	Zip
Occupation	Employer		# of yrs.	Employer's Address			City	State	Zip
Children in Family (List by ages):									
_____ (name)			_____ (age)		_____ (name)			_____ (age)	
_____ (name)			_____ (age)		_____ (name)			_____ (age)	
_____ (name)			_____ (age)		_____ (name)			_____ (age)	



EDUCATIONAL DATA		
Combined SAT Score		Combined ACT Score
PLEASE ATTACH A TRANSCRIPT OF YOUR GRADES WITH YOUR APPLICATION.		
List academic honors, scholarships and honorary organizations.		



EDUCATIONAL DATA (continued)

List most significant high school activities.

Name the institution(s) to which you have applied:

	ACCEPTED
1. _____	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not heard
2. _____	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not heard
3. _____	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not heard
4. _____	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not heard
5. _____	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not heard

FINANCIAL DATA

Will you receive financial assistance from other sources? yes (please specify amount and source(s) below) no

Amount in loan(s): _____ (source) \$ _____ _____ (source) \$ _____ _____ (source) \$ _____ TOTAL \$ _____	Amount in scholarship(s): _____ (source) \$ _____ _____ (source) \$ _____ _____ (source) \$ _____ TOTAL \$ _____
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Are you employed?	Employer _____	Employer's Address _____	City _____	State _____	Zip _____
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No					
# of yrs. employed _____	Job Description _____			Weekly Salary _____	

Who provides your primary means of support (the section below applies to them)?

Gross income: _____	Owns a home? <input type="checkbox"/> yes <input type="checkbox"/> no	Monthly mortgage or rent: _____	Other fixed monthly payments _____
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REFERENCES

List name, address and phone number of two references (preferably at least one from the Coral Gables High):

Name	Address	City	State	Zip	Phone
Name	Address	City	State	Zip	Phone

GOALS & OBJECTIVES (Essay)

Please describe on a separate sheet of paper (2 pages maximum) your community service involvement (school, place of worship, family) and your educational plans and future goals. Please tell us any special reasons why you are seeking this scholarship. Also include any information not called for in the application that you feel is important for the Committee to know when considering your request. Please attach to this application.

Signature of Applicant

Date