



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. How many Varsity Letters have you been awarded? _____

Please list the sports where you have participated in and the number of years in each sport (example: Baseball, 4 years):

SPORT	# Years
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Activities:	# of years of participation:
_____	_____
_____	_____
_____	_____



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Activities Continued:

of years of participation:

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: _____