



Available are three (3) \$1000.00 scholarships to be awarded to a graduate of any Hernando County High School who plans to continue their education beyond high school. One is specifically designate to Pasco-Hernando State College while one can be used for the college of your choice. The final scholarship is designated to students pursuing a degree in Nursing. This scholarship can also be used for the college of your choice. Applications should be submitted to The Foundation of the Kiwanis Club of Brooksville, at P.O. Box 685, Brooksville, FL 34605 to the attention of Rick Carlton or may be emailed along with scanned supporting documents to rickcarlton100@gmail.com

All parts of the application must be completed before the applicant will be considered for a scholarship. Failure to respond to all questions will result in disqualification.

The following information must be included in your application request.

1. A cover letter requesting assistance, objectives for your future and a statement of accomplishments to date. Please include your contact information.
2. Choice of career, profession or vocation and the name and address of the school you will be attending.
3. Official high school transcript current through December 2022.
4. Two letters of recommendation (one from school official and one personal).
5. Record of community service. (Hours should tie to those used for Bright Future Scholarship)
6. Simple statement of financial need.
7. Nursing Essay (Only required for those students applying for the Nursing Scholarship)
8. Current involvement with Kiwanis
9. A statement agreeing to attend a Kiwanis meeting for the purpose of meeting your sponsors.

Application must be completed and submitted no later than March 31, 2023

Please call 352 442-0113 if you have any questions.

Scholarship Committee Chairman

Attachment #1

Cover Letter

Please provide a cover letter stating the following:

1. The purpose of this request
2. Your Future Objectives
3. Your activities and accomplishments to date
4. Your name, phone number, email, and address

Attachment #2

Please check the scholarship for which you are applying (Please choose one only):

- ☐ I have been accepted and will be attending Pasco Hernando State College (PHSC) to pursue a non-nursing degree.
- ☐ I have been accepted and will be attending a college other than PHSC to pursue a non-nursing degree
- ☐ I am applying for the Ashley Wood Memorial Nursing Scholarship and plan on pursuing a degree in nursing

Please provide the following:

Name of College: _____

Address of College _____

College Student Number _____

Major or Vocation: _____

Attachment #3 Official Transcripts

(Please obtain from your local high school and attach)

Attachment #4 Letters of Recommendation

Please provide two letters of recommendation. One of which must be from someone within the Hernando County School system.

Attachment #5 Record of Community Service

(Number of hours should equal those hours used for FL Bright Future Scholarship)

Date:	Organization Assisted	Type of Activity	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Hours			_____

Attachment #6. Statement of Financial Need

Gross Family Income from 2018 (Please check one)

- | | | |
|--------------------------------------|---|-----------|
| <input type="checkbox"/> \$0 | - | \$25,000 |
| <input type="checkbox"/> \$25,001 | - | \$75,000 |
| <input type="checkbox"/> \$75,001 | - | \$125,000 |
| <input type="checkbox"/> \$125,001 | - | \$175,000 |
| <input type="checkbox"/> \$175,001 + | | |

Attachment #7

Please submit a 500 word essay on how Cancer has impacted your life.

(This essay is only required for those individuals seeking a career in nursing and who are choosing to apply for the Ashley Wood Memorial Nursing Scholarship)

Attachment #8 Involvement with Kiwanis

(Circle the appropriate response for each question)

- 1. Are you a current member of your high school Key Club? Y / N**
- 2. Do you have a family member who is a member of a Kiwanis Club? Y / N**

If yes, then please provide person's name and Kiwanis Club

- 3. Are you a member of the Brooksville Kiwanis Club Teen Leadership program? Y / N**

Attachment #9

Letter of Agreement

I, _____ agree that all information submitted with this
(Please print name)

application is accurate. I also agree to attend a regular meeting on the Brooksville Kiwanis club and give a short presentation in regards to my high school activities/accomplishments and my plans to further my education. I understand the meeting will be on a Tuesday night from 6:00 p.m. – 7:00 p.m. on a date to be determined by the Kiwanis Club of Brooksville.

Sincerely,

Signature: _____ Date: _____