

Application for Academic Year  
2018-2019

Send the original application and the required additional information by

March 29, 2019

To:

Mr. DeLoach

*Kiwans*

Selection will be made without regard to the applicant's race, color, ethnic origin,  
religious belief, sex or physical handicap.

Available to residents of Putnam County Georgia

Applicant's Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name of College/Vocational/Technical School that you will attend

\_\_\_\_\_

College Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone # \_\_\_\_\_

Honors and Awards

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Offices and Positions held in civic or school clubs or organizations

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**School and Community Activities**

_____	_____
_____	_____
_____	_____

Please attach with your application 2 letters of recommendation from teachers and School club or civic club directors/sponsors.

I certify that this information is true, complete and accurate. I authorize release of information to confirm and/or verify this application. I further authorize release of my name in connection with announcements of award in the event I am selected to be a recipient.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_