



# Anderson Hills Kiwanis

## Paul Brynside Memorial Scholarship Fund Application

Please type or print:  
 Return completed applications to  
 Anderson Hills Kiwanis,  
 C/O Paul Brynside Memorial Fund,  
 PO Box 54328, Cincinnati, Ohio, 45254.

Must be postmarked no later than March 6th, 2010

To be completed by student

Student's Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Number of Years Participated in Kiwanis Basketball \_\_\_\_\_  
 Home Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 High School \_\_\_\_\_  
 School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Is student related to a current Anderson Hills Kiwanis member? Yes \_\_\_ No \_\_\_\_\_

**School and Community Activities-** Please briefly describe your participation in community organizations and activities, including leadership roles. Attach additional sheets as needed.

Organization	Activities	Leadership role
_____	_____	_____
_____	_____	_____
_____	_____	_____

Question: Briefly describe your Kiwanis Basketball experience as it pertains to your personal development. (Attach additional sheet if needed) \_\_\_\_\_

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Student's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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