Kiwanis Club of Anderson Hills
Paul Byrnside-Glen Perry Memorial

Scholarship Fund Application

Please fill out using a Word (.docx) file, save as a .pdf file and return the completed application by email to kba@andersonkiwanis.com

​Subject Line: 2025 KBA Byrnside-Perry Memorial Scholarship

**Must be submitted by no later than Friday, April 11, 2025**

To be completed by student

Student’s Name: \_\_\_\_

Date of birth: \_\_\_\_

Number of Years Participated in Kiwanis Basketball: \_\_\_\_

Email: \_\_\_\_

Telephone No. \_\_\_\_

Home address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

High School: \_\_\_\_\_

Is student related to a current Kiwanis Club of Anderson Hills member? Yes: \_\_\_ No: \_\_\_

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

Organization / Activities-Leadership Role

\_\_\_ / \_\_\_\_

\_\_\_\_   /  \_\_\_\_

\_\_\_\_ / \_\_\_\_

\_\_\_\_   /  \_\_\_\_

Briefly describe your Kiwanis Basketball experience as it pertains to your personal development. Attach additional sheets as needed.

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\_\_\_\_

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_