



Colonel Mildred Imogene Butler Health Sciences Scholarship Application

(2025/2026 St. Petersburg College School Year)

Please type or print **LEDGIBLY**.

Date: _____

Name: _____

Address: _____

City: _____ Zip: _____

Phone (H): (____) _____ (C): (____) _____

Email Address: _____

Birthdate: _____ Academic Year: 1st ___ 2nd ___ 3rd ___ 4th ___

Cumulative GPA: _____ (Attach most recent college transcript or final High School transcript)

Previous Recipient: Yes ___ No ___ Field of Health Sciences Study: _____

Have you participated in: **K-Kids** ___ **Builders Club** ___ **Key Club** ___ **CKI** ___

VOLUNTEER COMMUNITY SERVICE ACTIVITIES (Documentation of service required)

Organization	Description	Hours Volunteered/year
_____	_____	_____
_____	_____	_____

COLLEGIATE ACADEMIC HONORS

Title	Description
_____	_____
_____	_____

EXTRA CURRICULAR ACTIVITIES (Do not include community service activities)

Organization	Description	Hours/Week
_____	_____	_____
_____	_____	_____



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- ◆ Scholarship is provided for study at St. Petersburg College to a student pursuing a degree in the Health Sciences Program. Applicants must be enrolled in the SPC Health Sciences curriculum.
- ◆ Candidate is encouraged to attend a club meeting or a club event/project once a semester after scholarship is awarded. Please visit our website at www.kiwaniseminolebreakfast.com for various projects and events. The Club meets every Tuesday morning at 7:30 a.m. at Lurie Civic Building on the SPC Seminole Campus (9200 113th St. - Seminole, FL).
- ◆ Candidate must have current **and** prior community service experience. (*Documentation of volunteer service required*)
- ◆ Reference back to the Scholarship Requirements to insure all criteria has been met.
- ◆ **Tentative interview date is Monday, June 9, 2025 beginning at 5:30pm**

CERTIFICATION: By signing below I certify that the answers given in this application are true and complete. I understand that the Scholarship Committee of the Kiwanis Breakfast Club of Seminole will evaluate the information I have provided and make their decisions based on that information. I agree to provide supporting documentation for any of my answers if requested by the scholarship Committee. I understand that completing this application is no guarantee of receiving a scholarship.

Applicant Signature

Date

Include with your application:

- Make sure you have the current year application
- GPA documentation (*include complete college transcript or final High School transcript*)
- List of Volunteer/Community Service activities (*Include documentation of volunteer service*)
- Essay of not more than 2 typed pages on why you are interested in the specific Health Sciences field you have chosen.
- Return completed application to: **Brittany Stebbins** (Stebbins.Brittany@spcollege.edu)
- **Submission deadline is MAY 15th.**
- For questions please contact Leah Hoffman at (Mykiwanisaccount2020@yahoo.com)