**KANSAS KIWANIS FOUNDATION, INC.**

**Application for Annual Achievement Award**

**POSTMARK by Wednesday, MAY 15, 2024**

**Please print**

Nominee Name

Member Kiwanis Club of: Location of Club:

Club Address

(President or Official Club) Street City ST Zip

Phone: (President) (Application Preparer)

Name of Kiwanian or Kiwanis Club Making Nomination:

Address

 Street City ST Zip

Type of Disadvantage:

Please answer the following questions to the best of your ability.

1) What difficulties has the Nominee overcome?

2) How has the nominee demonstrated his/her desire and ability to overcome the difficulties caused by the disadvantage? (If additional space is required, please use back of page.)

Signature of Club President Date