

KNIGHTS OF COLUMBUS

APPLICATION FOR A SCHOLARSHIP

NAME _____ DATE _____

ADDRESS _____ BIRTHDAY _____

_____ PHONE _____

SCHOOL ATTENDING _____

HIGH SCHOOL GPA _____ COLLEGE GPA _____

I HEREBY MAKE APPLICATION FOR A GRANT IN THE AMOUNT OF \$1,500 TO BE USED
TO PARTIALLY SUPPORT ME WHILE ATTENDING _____
FOR THE TERM OF _____

I WILL OR EXPECT TO RECEIVE THE FOLLOWING SCHOLARSHIP GRANTS FROM OTHER
ORGANIZATIONS _____ (AMOUNT)

NAME OF PARENTS OR GUARDIAN _____

AGES OF BROTHERS AND OR SISTERS BEING SUPPORTED BY THE FAMILY _____

_____ PARENTS OCCUPATION _____

I CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS TRUE, CORRECT AND
COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PASTORS SIGNATURE _____

SCHOLARSHIP CHAIRMAN APPROVAL _____ DATE _____

TO QUALIFY FOR A GRANT PLEASE INCLUDE THE FOLLOWING:

- DOCUMENT MAINTAINENCE OF MINIMUM OF A 2.75 GRADE POINT AVERAGE FOR PAST TWO YEARS
- PROOF OF SCHOOL ATTENDENCE RECORD FOR THE PAST TWO YEARS
- DOCUMENT ACTIVE PARTICIPATION IN EXTRA CURRICULAR ACTIVITIES IN:
 - CHURCH
 - SCHOOL
 - COMMUNITY
- A WRITTEN STATEMENT WHY YOU SHOULD RECEIVE THIS GRANT.
- PROOF OF PARTICIPATION IN RELIGIOUS PROGRAMS PROVIDED BY YOUR CHURCH
- DOCUMENT ACCEPTANCE INTO COLLEGE, UNIVERSITY, SEMINARY OR CONVENT.

STUDENTS MAY APPLY OR RE-APPLY FOR A SCHOLARSHIP GRANT ANY TIME THEY MEET THE KNIGHTS OF COLUMBUS SCHOLARSHIP CRITERIA

THE KNIGHTS OF COLUMBUS MAY CANCEL THE SCHOLARSHIP PROGAME AT ANY TIME BY GIVING A SIX MONTH NOTICE TO AREA SCHOOLS AND COMMUNITY.

FURNISH NAMES, ADDRESSES AND PHONE NUMBERS OF THREE REFERENCES:

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APPLICATIONS MUST BE SUBMITTED PRIOR TO MAY 1 EACH YEAR

St. Jude Catholic Church
Knights of Columbus Scholarships
308 Luther Lane
Gun Barrel City, Texas 75156