



# KNIGHTS OF COLUMBUS SCHOLARSHIP APPLICATION

SPONSORED BY

K OF C COUNCIL 12114

Please Print or Type

-----  
Last Name

-----  
First Name

-----  
M.I.

-----  
Address

-----  
City

-----  
State

-----  
Zip

-----  
Date of Birth

-----  
Telephone Number

-----  
Name and Address of College or University

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Signature of Applicant

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Signature of Parent or Guardian

## CERTIFICATION OF SCHOOL OFFICIAL

I Certify that \_\_\_\_\_ is a candidate for graduation during the spring semester 2007 from \_\_\_\_\_ High School located at \_\_\_\_\_.

Grade Point Average (Percentile) to date: \_\_\_\_\_

Applicant's transcript of academic history in high school is attached.

\_\_\_\_\_  
Signature and Title  
School Official

**EDUCATIONAL INFORMATION:**

Name of high school attended \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Please attach:        *A transcript of your High School academic history*  
                              *A copy of your SAT scores*  
                              *A copy of your letter of acceptance from the school of your choice*

**PERSONAL ACHIEVEMENT INFORMATION**

Please provide a brief description of the various activities that you have been involved with in high school. Include the name and telephone number of a contact person for each category. This information will be verified by the appropriate people.

**Church Activities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteerism/Community Service:** (include name and telephone # of Supervisor in charge) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Awards or Special Recognition Received to Date:** (include name and telephone # of Teacher/Supervisor in charge) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Activities:** (include name and telephone # of Guidance Counselor, Teacher or Principal) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Athletics:** (include name and telephone # of Athletic Director or Coach) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Arts:** (include name and telephone # of Teacher or Principal) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **CERTIFICATION OF PASTOR**

I certify that \_\_\_\_\_ is a registered member of Our Lady of Victory Parish, Tannersville, Pa.

Attends Mass regularly? \_\_\_\_\_ (Initials)

Involved in Church activities? \_\_\_\_\_ (Initials)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor

