St. Matthew's Knights of Columbus Scholarship Application

Due: May 2nd

Return completed application to Counselor's Office

KNIGHTS OF COLUMBUS
ST. MATTHEW'S COUNCIL NO. 3266

SCHOLARSHIP APPLICATION

Please Print

Student Name _____ School Attending_____

Student Address_____ Religion_____

City_____State_____Zip code_____

Father's Name_____Occupation_____

Mother's Name_____Occupation_____

Parent's Gross Income: (Latest income tax form) $_____Other Income _____

Number of children still living at home and going to school or college_____

Others living at home_____ Approximate grade point average at end of 3 ½ years_____

Submit copy of state of Texas academic achievement record.

School activities: List names of all clubs, athletics, UIL literary events, and year which you participated. (if you held an office, list it after the club name and list the year in which you held the office.

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Awards: List all school, community and church awards received while in high school.

_____

_____

_____

_____

Other Activities: List church, community or volunteer work, hobbies, interests, Etc.

_____

_____

_____

_____

Work Experience: List all paid jobs held while in high school. Include employer, dates worked, work performed and number of hours worked.

_____

_____

_____

_____

Choice of college:

1.

2.

3.

Reference: Ask your local priest, or local religious education teacher to make a written recommendation, highlighting your involvement in the parish or in the Catholic faith. Staple the recommendation to this application.

Summary: Briefly state your college plans and aspirations, (why you are going to college, and what fields you plan to major in, and what you plan to do after college). Also include any additional information that you feel will be helpful in you qualifying for this scholarship, and/or to be taken into consideration.

I hereby certify that the information submitted above, to the best of my knowledge, is true and correct. I give permission for my school records to be reviewed by the Knights of Columbus scholarship committee considering this application.

Signature_____ Date _____

Please return the application to your school counselor by the date requested by him/her. If additional space is needed to fully complete any part of this application, please staple additional pages. This application must be completed in its entirety for the review committee to consider this application.