

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's Name----- School Attending-----

Student's 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 1/2 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.

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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 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.