



**KNIGHTS OF COLUMBUS
MASSACHUSETTS STATE COUNCIL**

**470 Washington Street Suite #6, Norwood, MA 02062
Tel: 781-551-0628, Fax: 781-551-0490, E-mail state.office@masskofc.org**

APPLICATION FOR STATE COUNCIL CATHOLIC COLLEGE SCHOLARSHIP

**Five \$1,000 Scholarships Due Date NLT Close of Business April 1, 2018
An applicant cannot win the Scholarship more than once**

Please Type or Print Clearly

Full Name: _____ Date of Birth: _____
(Last) (First) (MI)

Home Address: _____
(Street and Number) (City) (State) (Zip)

Mailing Address: (Only if different from Above) _____

_____ Telephone No. _____

Sex: () Male () Female

Are you a member of the Knights of Columbus: () yes () no Membership No.: _____

If you are not a member, please list name and membership number of the **immediate** family living relative below:

Name	Relationship	Membership Number
_____	_____	_____

I attest that the above name is a member in good standing of _____
Name and Number of Council

_____ Date: _____
Financial Secretary

Have you been accepted or presently enrolled at a Catholic College/University? () yes () no

If yes, which Catholic College/University: _____

Catholic College/University Address: _____

Dean of Admissions: _____ Tel No.: _____

If no, which Catholic College/Universities have you applied?

Intended Date of Enrollment: () Sept. () Jan 20____

SUBMIT RESUME OR ANSWER THE FOLLOWING QUESTIONS

List High Schools/Preparatory schools attended:

SCHOOL

ADDRESS

DATES ATTENDED

In answering the following questions, please indicate the years involved:
(1-Freshman, 2-Sophomore, 3-Junior, 4-Senior)

1. In what school activities (other than sports) have you participated?

2. In what organizations outside of school have you been involved?

3. What offices have you held?

4. What prizes/honors/awards of a scholastic, literary, scientific, or other nature have you received?

5. What varsity sports have you participated, if any?

Father's Name

Mother's Name

Living () yes () No

Living () yes () no

