



KNIGHTS OF COLUMBUS
MASSACHUSETTS STATE COUNCIL

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APPLICATION FOR STATE COUNCIL CATHOLIC COLLEGE SCHOLARSHIP

Five \$1,000 Scholarships Due Date NLT Close of Business April 1, 2017

Please Type or Print Clearly

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

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

043

Father's Address

Mother's Address
