



# KNIGHTS OF COLUMBUS

IN SERVICE TO ONE. IN SERVICE TO ALL.

## KNIGHTS OF COLUMBUS SCHOLARSHIP PROGRAM

Father Barry Council 2091, Rumford, Maine

Applications due by May 1, 2024

Submit to: Peter Koch via email ([pjk477@gmail.com](mailto:pjk477@gmail.com))

### Scholarship Application form

PLEASE PRINT CLEARLY – Incomplete or illegible applications will not be reviewed

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Years at present address: \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Present School: \_\_\_\_\_ Grade/Year: \_\_\_\_\_

Full School Name and Address for which Student HAS BEEN ACCEPTED: (please provide written proof of acceptance)

**\*\*Note:** A Catholic college will be weighted more heavily in the application process

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Don't forget to include the following:

- ☐ Completed application form
- ☐ Proof of acceptance to college or university
- ☐ Letter(s) of recommendation
- ☐ 250-500 word essay

\*\*\*\*\*Please attach essay, transcripts, and additional information as stated in the requirements.\*\*\*\*\*

I attest that all information given is true and I will present the required documentation if requested.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Is sponsor a Knight of council 2091: Y / N

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### K of C Scholarship Administration below this line only

Received by the Chairman of the Scholarship Committee: Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Reviewed by the Scholarship Committee: Date: \_\_\_\_\_ Initial of Chair: \_\_\_\_\_

Accepted: Y / N Date: \_\_\_\_\_ Initial of Chair: \_\_\_\_\_

Grand Knights Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Secretary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Awarded Scholarship: Date of decision: \_\_\_\_\_ Initial of Chair: \_\_\_\_\_

Presented: Date: \_\_\_\_\_ Initial of Chair: \_\_\_\_\_

Issued Check: Date: \_\_\_\_\_ Check number: \_\_\_\_\_ Initial Finan. Sec.