



St. Francis of Assisi Council Annual Scholarship

Scholarships may be awarded annually solely at the discretion of Knights of Columbus Council 10698 to a deserving qualified student.

Selection for the scholarship is based on family, high school grades, achievements, community service and in-part on financial need.

The scholarship may be used for the purpose of continuing education at a college, university, trade school or other accredited post-high school institutions of higher learning.

ALL information contained in this application will be strictly held confidential for use only by the Knights of Columbus Council 10698, Belchertown, Massachusetts scholarship selection committee.

Applicant to qualify for the scholarship must:

- ♦ Be a graduating high school senior with a grade point average of 2.5 or higher.
- ♦ Be Either:
 - ♦ Belchertown Resident, or
 - ♦ Family member of a Brother of the St. Francis of Assisi Council #10698, or
 - ♦ Parishioner of a Catholic parish in the council's general vicinity
- ♦ Use the awarded scholarship for payment of tuition to an institution of higher learning.

The Applicant must submit an application for this scholarship along with the following (applications without these documents WILL NOT be considered):

1. This completed application form (3 pages).
2. A letter of recommendation from a high school teacher, counselor or principal.
3. An official high school transcript of grades.
4. A written essay of at least 150 words.

RECIPIENTS WILL RECEIVE AWARD FOLLOWING RECEIPT OF STATEMENT OF PAYMENT to a college, university, trade school or other accredited post-high school institution of higher learning.

- 🕒 Applications MUST be mailed and POSTMARKED NO LATER THAN APRIL 25 OF THE APPLICATION YEAR to:

Scholarship Committee
Knights of Columbus Council 10698
11 Jabish Street
P.O. Box 1343
Belchertown, MA 01007

Selection(s) will be announced at the applicant's high school graduation awards ceremony or notified by their school's guidance department. Scholarship payment(s) will be made directly to the recipient.

Knights of Columbus Council 10698
SCHOLARSHIP APPLICATION (continued)

Please TYPE or PRINT neatly Attach additional sheets if needed

Note: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR SELECTION.

Student's Name _____ Date of Birth _____

Home Address _____ City/Town _____ ST _____ Zip _____

Home Phone # _____ Email _____

High School _____ Graduation Date _____ GPA _____

H.S. Address _____

Name and Address of college/university/school applicant will attend.

Have you been accepted? **Y / N** Date your school term starts _____

Note: Written proof of acceptance required

Applicant's High School AWARDS and EXTRA-CURRICULAR ACTIVITIES _____

Applicant's COMMUNITY and VOLUNTEER ACTIVITIES:

Names of immediate family members living with applicant (including parents)

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Total Family Income: _____ Under \$25,000 _____ \$25-50,000 _____ \$50-100,000 _____ Over \$100,000

What SPECIAL CONSIDERATIONS (FINANCIAL OR OTHER) would you like to bring to the attention of the selection committee?

Answering 'NO' to the following 2 questions does not disqualify you from eligibility in being considered for this scholarship

a. Are you a practicing member of the Roman Catholic faith N Y (if Yes provide name of parish).

b. Are you a relative of a Knight of Columbus Council 10698 member? N Y (if Yes provide relative's name and relationship)

Knights of Columbus Council 10698

SCHOLARSHIP APPLICATION FORM (continued)

APPLICANT’S ESSAY: (at least 150 words) in the space provided below OR type-written on an additional sheet.
“EXPLAIN EXAMPLES IN YOUR LIFE OF CHARITY, UNITY, FRATERNITY AND PATRIOTISM”.

Note: Incomplete Applications or without the necessary documents stipulated will not be considered for selection.

APPLICANT’S AGREEMENT

I have read the instructions/conditions relating to this application scholarship consideration and affirm that to the best of my knowledge all of the above statements are correct and true. I agree to adhere to, and abide by, all stipulations and/or conditions if I am awarded this scholarship. If I am awarded this scholarship and terminate my education during the first period of my initial year at a higher learning institution, I do agree to reimburse Knights of Columbus Council 10698 all amounts received from this awarded scholarship I have received to date within 60 days from the date I terminate my education from said institution of higher learning.

ALL INFORMATION IN THIS APPLICATION WILL BE KEPT STRICTLY CONFIDENTIAL AND WILL ONLY BE USED BY THE MEMBERS OF
 KNIGHTS OF COLUMBUS COUNCIL 10698 SCHOLARSHIP SELECTION COMMITTEE FOR THE PURPOSE OF EVALUATING THIS APPLICATION
 FOR SCHOLARSHIP.

APPLICANT’S Signature	Applicant’s Name (please print)	date
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PARENT’S/GUARDIAN’S Signature	PARENT’S/GUARDIAN’S Name (please print)	date
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Parent’s/Guardian’s Address Information (If different from Applicant’s Address above):

Address _____

City/Town _____ State _____ Zip _____