

Knights of Columbus  
Council 9644  
Scholarship Application

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Parents: \_\_\_\_\_

Brothers/Sisters (ages): \_\_\_\_\_

\_\_\_\_\_

Parish: \_\_\_\_\_ Household Income: a b c d e

High School: \_\_\_\_\_

Activities/Honors/Organizations: (attachments accepted)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parish/Community Involvement: (attachments accepted)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_