GENERAL de LAFAYETTE ASSEMBLY
4th Degree Knights of Columbus

Application for Scholarship

Date: ____ ____ ____
month day year

Name of Applicant: _____

Address: _____ _____ _____ _____
street city state zip

Parish: _____

Parents Name:
Father _____ Mother_____

Parents Address if different than above: _____

Will Graduate from: _____ Are you an immediate relative of a Knight of Columbus

Yes, Council Number and Relation _____ No__

Class Standing _____ Total Credits _____ Honor Course Credits _____
As of Jan-1-19 rank number number

Work outside of school? _____ _____
hours where

Have you selected your college major? _____ If so, please indicate _____

Please submit this application and a typed essay why you believe you should receive this scholarship and how it will help you achieve your goals. Please include information from the areas below.

Academic Clubs and/or Service Clubs or Associations Extra-Curricular Activities (Sports, Band, Music, Scouting, F. F. A., 4H, etc.)

Involvement in Catholic/Parish Community

Essay should be reviewed and signed by Religious Education Director or Teacher

Official Transcript Required

This application is to be filled out completely and postmarked by **March 29, 2019** to:

Joseph Bloom
7804 Lydia Lane
Lafayette, In 47909