

KNIGHTS OF COLUMBUS COUNCIL 1230

LADIES AUXILIARY SCHOLARSHIP

TO ST. PIUS X HIGH SCHOOL FESTUS MO

The Knights of Columbus Ladies Auxiliary Council 1230 will award two (2) \$500.00 Scholarships to St. Pius X High School Festus Mo for the Academic year 2026-2027. One scholarship will go to an incoming Freshman for the 2026-2027 & the other scholarship will go to a current St Pius X student who will be a sophomore, junior or senior for the 2026-2027 academic year.

ELIGIBILITY: To be eligible for this scholarship the applicant must be a student enrolling and attending St. Pius X Festus Mo for the academic year of 2026-2027.

Payments will be made to St. Pius X Festus, in the name of the winner, after proof of successful enrollment in good standing is provided to the Scholarship Committee.

The Award Committee will be made up of members in the Knights of Columbus Council 1230 Ladies Auxiliary.

All applications must be received no later than March 15, 2026. Any incomplete applications will not be considered. Please mail all completed applications with transcripts and educational certifications to:

Knights of Columbus 1230
Ladies Aux. Attn: Chrissy Olinger
316 N. Adams
Festus, MO 63028

APPLICATION FOR KNIGHTS OF COLUMBUS COUNCIL 1230

LADIES AUXILIARY SCHOLARSHIP

++++ USE THIS FORM FOR 2026-2027 SCHOOL YEAR ++++

APPLICATION MUST BE RECEIVED BY March 15, 2026

Full Name: _____

Last

First

Middle

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Male** _____ **Female** _____

Month

Day

Year

Name of Parent(s)/Guardian(s): _____

Address of Parent(s)/Guardian(s) if different from above:

Home Phone Number: _____

Parent(s)/Guardian(s) Phone number if different from above: _____

Parent(s)/Guardian(s) E-mail Address: _____

Applicant's Signature: _____

Parent(s)/Guardian(s) Signature: _____

ESSAY: Describe a personal accomplishment and the strengths and skills you used to achieve it. Keep the total essay to 300 – 500 words. You can use this sheet or attach your essay (on a separate piece of paper) to the back of this application.

Applicants Name: _____

KNIGHTS OF COLUMBUS SCHOLARSHIP INFORMATION

EDUCATIONAL CERTIFICATION

This form is to be completed by an authorized Institutional Representative. A copy of the student's transcript is required.

Student's Name: _____

The above referenced student attends: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Student's GPA: _____ **Class Rank:** _____ of _____

Grade scale being used to classify: _____

To the best of my knowledge, the above information is correct as of this date.

Y _____ **N** _____

If no explain: _____

Print Name and Title: _____

Signature: _____ **Date:** _____

Student's Parent(s)/Guardian(s) permission to release the above information:

Print Name: _____ **Signature:** _____

Date: _____

**DO YOU HAVE A RELATIVE THAT IS A CURRENT MEMBER WTH THE
KNIGHTS OF COLUMBUS? Y_____ N_____**

IF YOU ANSWERED YES TO THE ABOVE QUESTION:

Name:_____

RELATIONSHIP:_____ COUNCIL NUMBER:_____