

**APPLICATION FOR KNIGHTS OF COLUMBUS
LADIES AUXILIARY COUNCIL 1230 SCHOLARSHIP
TO ST. PIUS X HIGH SCHOOL FESTUS MO**

The Knights of Columbus Ladies Auxiliary 1230 will award one (1) \$500.00 Scholarship to St. Pius X High School Festus Mo to one (1) Student for the Academic year 2019-2020.

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 2019-2020.

Scholarship winner will be selected on the basis of Catholic citizenship, Community service, GPA, and Essay. 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 winner will be selected in May 2019.

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 April 26, 2019. Any incomplete applications will not be considered. Please mail all completed applications with transcripts and educational certifications to:

Knights of Columbus 1230
Ladies Auxiliary Attn. Joan Kennedy
316 N. Adams
Festus, MO 63028

**APPLICATION FOR KNIGHTS OF COLUMBUS LADIES AUXILIARY
COUNCIL 1230 SCHOLARSHIP**

++++ USE THIS FORM FOR 2019-2020 SCHOOL YEAR +++++

APPLICATION MUST BE RECEIVED BY APRIL 26, 2019

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: _____

**LIST ON THIS PAGE SIGNIFICANT ACADEMIC/SOCIAL ACTIVITIES AND
OR OFFICES HELD, HONORS, ETC.**

**IN WHAT OUT-OF-SCHOOL (CHURCH, SCOUTS, ETC.) ACTIVITIES HAVE
YOU PARTICIPATED?**

[illegible]

Applicants Name:_____ **SSN:**_____

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.

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:_____

HELPING THE KNIGHTS HELP OTHERS