



# Knights of Columbus

## West Virginia Knights of Columbus Scholarship Foundation

### Knights of Columbus WV State Council Scholarship Application

(This form is to be completed by the applicant only)

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last, First, MI, Suffix)

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Council Name and Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Siblings	<u>Name</u>	<u>Age</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Name of Parish: \_\_\_\_\_

Pastor's name and address: \_\_\_\_\_

What college do you plan to attend? \_\_\_\_\_ Tuition & other costs? \_\_\_\_\_

How do you plan to pay the tuition and other costs? \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**In order to be considered, return application by the due date stated in the instruction document.**



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### Applicant's School Report

(This form is to be completed by a high school official only)

Student's Name: \_\_\_\_\_

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

Name of Principal: \_\_\_\_\_

Name of Counselor: \_\_\_\_\_

Telephone Number of School: \_\_\_\_\_ Fax: \_\_\_\_\_

Cumulative G.P.A.: \_\_\_\_\_ Rank in Class: \_\_\_\_\_ (Number from top in class)

College Board Scores:

SAT: V \_\_\_\_\_ ACT: Eng. Math Rd. Sci. Comp.  
M \_\_\_\_\_ \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above information has been furnished by:

Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_