

KNIGHTS OF COLUMBUS

ST. MAXIMILIAN KOLBE COUNCIL NO. 8762



P.O. BOX 369, PISMO BEACH, CA 93449-0369

SCHOLARSHIP APPLICATION 2016-2017 Academic Year

APPLICANT INFORMATION											
Last Name				First				M.I.		Age	
Address							Apartment or Unit number				
City				State				Zip Code			
Phone				E-mail							
Registered member of St. Paul's Parish?				If NO, Sponsoring Knight from Council 8762?				Relationship to Knight?			
Are you baptized Roman Catholic? <i>(Required for consideration)</i>				YES	Please attach a copy of your Baptismal Certificate. <i>Required</i>						
Have you ever received a scholarship before from this council?				YES	NO	If YES, which year(s)?					
Number of people living in your household?				# Adults?				# Children?			

COMMUNITY SERVICE (INCLUDE ANY ADDITIONAL INFORMATION IN YOUR REQUIRED LETTER)			
Provided to			
Hours Worked			

FINANCIAL INFORMATION							
School tuition	\$		Annually		Semi-Annually		Quarterly
Your family's gross income last year?	\$				Your personal income last year, if any?	\$	
Your family's monthly mortgage or rent?	\$				Total financial support from all sources?	\$	
Please attach copy of 2015 IRS Form 1040 pages 1 & 2 (No SSN) <i>(Required)</i>					Whose 1040?	Parents (if dependent)	Self

EDUCATIONAL INSTITUTION CURRENTLY ATTENDING, OR ACCEPTED INTO FOR 2016-2017 ACADEMIC YEAR												
Catholic High School				Address								
From		To		Did you graduate?	YES	NO	G.P.A.		Attach transcripts <i>(Required)</i>			
College				Address								
From		To		Did you graduate?	YES	NO	G.P.A.		Attach transcripts, or letter of acceptance <i>(Required)</i>			
College/University Attending								Applied	Accepted			
Declared Degree/Major												

I certify that my answers are true and complete to the best of my knowledge. If this application leads to a scholarship, I understand that false or misleading information provided may result in loss of any grant and the possibility of future consideration.	
Signature	Date: