



**KNIGHTS OF COLUMBUS
MASSACHUSETTS STATE COUNCIL**

**470 Washington Street Suite #6, Norwood, MA 02062
Tel: 781-551-0628, Fax: 781-551-0490, E-mail state.office@masskofc.org**

APPLICATION FOR STATE COUNCIL CATHOLIC COLLEGE SCHOLARSHIP

Five \$1,000 Scholarships Due Date NLT Close of Business April 5th

Please Type or Print Clearly

Full Name: _____ Date of Birth: _____
(Last) (First) (MI)

Home Address: _____
(Street and Number) (City) (State) (Zip)

Mailing Address: (Only if different from Above) _____

_____ Telephone No. _____

Social Security Number: _____ Sex: () Male () Female

Are you a member of the Knights of Columbus: () yes () no Membership No.: _____

If you are not a member, please list name and membership number of the immediate family living relative below:

Name	Relationship	Membership Number
_____	_____	_____

I attest that the above name is a member in good standing of _____
Name and Number of Council

_____ Date: _____
Financial Secretary

Have you been accepted or presently enrolled at a Catholic College/University? () yes () no

If yes, which Catholic College/University: _____

Catholic College/University Address: _____

Dean of Admissions: _____ Tel No.: _____

If no, which Catholic College/Universities have you applied?

Intended Date of Enrollment: () Sept. () Jan 20____

List High Schools/Preparatory schools attended:

SCHOOL

ADDRESS

DATES ATTENDED

In answering the following questions, please indicate the years involved:
(1-Freshman, 2-Sophomore, 3-Junior, 4-Senior)

1. In what school activities (other than sports) have you participated?

2. In what organizations outside of school have you been involved?

3. What offices have you held?

4. What prizes/honors/awards of a scholastic, literary, scientific, or other nature have you received?

5. What varsity sports have you participated, if any?

Father's Name

Mother's Name

Living () yes () No

Living () yes () no

Father's Address

Mother's Address
