

Send completed scholarship applications to:

**Robert W. Wissert, PGK, FDD, Executive Secretary
New York State Council, Knights of Columbus
359 Route 111
Bldg 1, Suite 2
Smithtown, NY 11787**

SCHOLARSHIP APPLICATIONS MUST BE SUBMITTED


AND / OR POSTMARKED TO ARRIVE

NO LATER THAN APRIL 15TH

PRECEDING THE SEPTEMBER SCHOOL START-UP DATE

THE APPLICANT PLANS TO ENTER HIGH SCHOOL

For further information contact the NYS Office:

 631-366-3787

 NYSKOFC@aol.com

**NOTE: Any documents received other than those specified will not
Be considered in the Scholarship Selection Committee's decision.**

Scholarship
Program

New York State Knights of Columbus
359 Route 111
Bldg 1, Suite 2
Smithtown, NY 11787



NEW YORK STATE COUNCIL

KNIGHT OF COLUMBUS

HIGH SCHOOL

SCHOLARSHIP

PROGRAM



**SCHOLARSHIP
APPLICATION**

*****IMPORTANT*** FILING DEADLINE:**

Applications for applicants entering the 9th Grade must be submitted in time to arrive at the N.Y. State Council's Executive Office **NO LATER THAN April 15th** preceding the September school start-up date the applicant plans to enter high school.

**NEW YORK STATE COUNCIL, KNIGHTS OF COLUMBUS
SCHOLARSHIP PROGRAM**

CONTROL NUMBER: _____

**N.Y. STATE COUNCIL
KNIGHTS OF COLUMBUS**

Scholarship Program

**APPLICATION FOR 9th GRADE APPLICANTS PLANNING TO ENTER
CATHOLIC HIGH SCHOOL ONLY**

PLEASE PRINT CLEARLY

PURPOSE:

To provide Financial Assistance to dependent children, grandchildren, and legal wards of Knights of Columbus for the furthering of their Catholic High School education.

SCHOLARSHIP AWARDS:

Scholarships are awarded based upon the scholastic aptitude of the applicants and their involvement in Church and/or Community activities. The scholarship is awarded without consideration of financial Need, and is available **ONLY TO INCOMING 9th GRADE APPLICANTS**. Awards must be renewed for each year (up to a maximum of 4 years).

Sixteen scholarships will be awarded, two \$500 Scholarships Awarded PER DIOCESE IN NEW YORK STATE. The Catholic High School the applicant plans to attend must be a Catholic High School in New York State. Total award \$2000 per student (\$500 per year)

REQUIREMENTS:

1. Applicant must be a son, daughter, grandchild, or legal ward of a Knights of Columbus in good standing. Children of deceased members who demise occurred while in good standing are also eligible.
2. Acceptance in a New York State Catholic High School for the school year beginning in September of that year. **PROOF OF ACCEPTANCE IS REQUIRED.**
3. All applications **MUST** bear the council seal and the signature of the Grand Knight and the Financial Secretary verifying good standing of sponsor member.
4. Signatures of Parent or Guardian and the Sponsoring Member are required to certify the accuracy of all information appearing on the application.
5. A letter of recommendation from the **GRAND KNIGHT** of the sponsoring Council attesting to the APPLICANT'S involvement in Church and/or Community Activities.
6. A letter of recommendation from a Priest, Deacon, Religious or Layperson specifying APPLICANT'S involvement in Church activities.
7. A letter of recommendation from an Educator at the currently attended school specifying the APPLICANT'S scholastic achievements and involvement in school activities.
8. Submit transcripts of the STUDENT'S final marks of the 7th Grade and MID-YEAR scores for the 8th Grade.
9. **A 200 WORD COMPOSITION**, written by the **APPLICANT**, demonstrating knowledge of THE IMPORTANCE OF THE TEACHINGS OF JESUS CHRIST AND THE CATHOLIC CHURCH in his or her life. Please submit in typed form.
10. **THE DECISION OF THE COMMITTEE IS FINAL.** Only winners will be notified.

OTHER RELATED INFORMATION

1. For purposes of filing, the location of the Sponsoring Member's Council decides the diocese of residence.
2. A student entering the 9th grade of a New York State Catholic High School may apply for both a Tuition Grant and a Scholarship Award, but may only receive **ONLY** one or the other.
3. Payments of Scholarship Awards are made annually and mailed directly to the Catholic High School.
4. Scholarship announcements will be made by Scholarship Committee no later than June 1st. **ONLY WINNERS WILL BE NOTIFIED.**

Student Name: _____

Address: _____

Signature of Applicant: _____

Years at present address: _____ Telephone # () _____

Will student be receiving any other financial assistance or scholarships? YES NO

If YES, ANNUAL amount: \$ _____

IF YES, list organization(s) _____

Date of Birth: ___/___/___ Age: _____

Present School: _____ Grade: _____

Full School Name and Address and Grade for which Student HAS BEEN ACCEPTED:
(Note: Must be a Catholic High School in New York State)

I vouch that all information given is true and I will present the required proof if requested.
I also give permission to obtain the Diocesan High School test scores, if applicable or needed.

Parent/Guardian Signature: _____

Sponsor's Name and
Council Name & Number: _____

Sponsored By: Father _____ Grandfather _____ District Number _____

Grand Knights Signature: _____

Financial Secretary Signature: _____

Council Seal MUST be placed here