

**New York State Council  
Knights of Columbus  
High School Tuition  
Scholarship Program**



**SCHOLARSHIP  
APPLICATION**

Scholarships are for applicants  
entering the 9<sup>th</sup> Grade of a Catholic High School in New York State  
Applications Must Be Submitted  
And / Or Postmarked To Arrive

**No Later Than April 1<sup>st</sup>**

Preceding the September School Start Date Applicant Plans To Enter High School

Send completed scholarship applications to:

New York State Council Knights of Columbus  
c/o Donald Recore (State Chairman)  
97 Moffitt Road  
Plattsburgh, NY 12901  
**OR (preferred)**

**Scan all documents and Email to:**

***NYSKofC@aol.com or NewYorkStateKofC@gmail.com***

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

For Further Information please contact: 631-366-3787 or *NYSKOFc@aol.com*

# **INSTRUCTIONS**

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 1st** preceding the September school start-up date the applicant plans to enter high school.

## **PURPOSE:**

To provide Financial Assistance to dependent children, grandchildren and legal wards of Knights of Columbus members 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.

## **REQUIREMENTS:**

1. Applicant must be a son, daughter, grandchild or legal ward of a Knights of Columbus member in good standing of a Council located in New York. 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 signature of the Grand Knight and the Financial Secretary verifying good standing of sponsor member. The council seal (if available) should also be affixed to the application.
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 7<sup>th</sup> Grade and **MID-YEAR** scores for the 8<sup>th</sup> 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 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.**

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**

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: \_\_\_\_\_ Circle: Father Grandfather

Council Name & Number: \_\_\_\_\_ District Number \_\_\_\_\_

Grand Knight's Signature: \_\_\_\_\_

Financial Secretary Signature: \_\_\_\_\_

Council Seal