

BRAINARD KNIGHTS OF COLUMBUS SCHOLARSHIP

- Applicant must be a member of Holy Trinity Parish **OR** applicant's father a member of Knights of Columbus Klein Council #8889. Priority will be given to the son or daughter of Knights of Columbus member.
- Applicant must be in upper half of graduating class and have at least a B average.
- Scholarship amount \$250.00. To be used in the school year following graduation. A check for the scholarship amount will be issued to the student following proof of enrollment in college, university or post secondary program.
- One alternate will be selected.
- Selection will be based on Academics, Citizenship and Leadership.
- Selection Committee - Grand Knight or Deputy Grand Knight, High School Principal, Council Chaplain or one other Knights of Columbus member (Three-member committee). Parents of applicants will abstain from selection committee.
- Scholarship will be awarded after winner has successfully completed one semester of college.

Application

Name of High School: _____

RULES:

1. Application form must be completed and submitted to Fr. Snitily by **April 15, 2024**.
2. The Scholarship will be paid directly to the college of the recipient's choice in the amount of \$250.00.
3. The Scholarship will not be awarded to any individual more than once.

Name: _____

Telephone: _____

Home Address: _____

Date of Birth: _____

Place of Birth: _____

Gender: Male Female

INFORMATION ABOUT YOUR FAMILY

Father's Name: _____

Is he living? _____

His Address: _____

What is his occupation? _____

By whom is he employed? _____

Mother's Name: _____

Is she living? _____

Her Address: _____

What is her occupation? _____

By whom is she employed? _____

Number of Brothers:

Ages:

Number of Sisters:

Ages:

Rank in the Class:

Current GPA:

ACT Score:

What College or School do you plan to attend next year?

List your activities in school and community:

List any special honors you have won, either in or out of school:

Write a brief explanation of reasons for applying for this scholarship:

Signature of Applicant _____

Date _____

Signature of Parent _____

Date _____