

Knights of Columbus  
 St. Rose Council #6386  
 Millburn / Short Hills, NJ

**SCHOLARSHIP AWARD APPLICATION**

Non-repayable grants are available to **ALL** Millburn Township residents, to **ALL** St. Rose of Lima Parishioners and to **ALL** dependents or members of St. Rose Council #6386 (K of C) who qualify for financial assistance.

**Please Note:** be sure to answer all questions and fill in all blanks.

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Your College ID# \*\*: \_\_\_\_\_  
 School you plan to attend: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 What Year?: \_\_\_\_\_ Accepted?: \_\_\_\_\_  
 \*\* = For Undergraduate Students Only Your Major: \_\_\_\_\_

Name of Siblings	Age	Name of Present School Or Occupation	Aid Rec'd. Last Yr.		How Much do they pay at home:
			From Us	From Others	
A;					
B;					
C;					
D;					
E;					

**FAMILY FINANCES**

<b><u>Father</u></b>	<b><u>Mother</u></b>
Name: _____	Name: _____
Address: _____	Address: _____
Employer: _____	Employer: _____

Annual Income \$ \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Assessed Value of Home \$ \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_ Real Estate Taxes \$ \_\_\_\_\_

**Other Assets-** Cash In Banks \$ \_\_\_\_\_ Value of Securities \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Liabilities - Amounts Owed - To Whom \$ \_\_\_\_\_ For What? \_\_\_\_\_ How Much? \_\_\_\_\_

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**STUDENT'S ACADEMIC INFORMATION**

**This section must be completed by all high school students' Guidance Counselors.**

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Address: \_\_\_\_\_

Class ranking \_\_\_\_\_ Class Size: \_\_\_\_\_ GPA \_\_\_\_\_

SAT Scores: Math \_\_\_\_\_ Verbal \_\_\_\_\_

Activities: (Clubs, Sports, etc.) \_\_\_\_\_

\_\_\_\_\_  
(Attach extra sheet if necessary.)

Honors Received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Attach extra sheet if necessary.)

\_\_\_\_\_  
Guidance Councilor (Print Name) \_\_\_\_\_ Counselor's certifying Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: All College Students or Re-Applications must attach a copy of their latest semester grade report in lieu of Guidance Counselor's certification. Also complete sections pertaining to "Activities" and "Honors Received".

To All Applicants:

Are there any factors not mentioned on this application which we should know about? (Please explain below).  
(Attach extra sheet if necessary.)

Have you received ST. ROSE COUNCIL, #6386 Financial Aid in prior years? \_\_\_\_\_ When? \_\_\_\_\_  
How Much? \$ \_\_\_\_\_

We certify that we have checked all of the pages of this form. The information is complete and correct.  
It is submitted the the "Scholarship Committee" to help it determine the student's need for Financial Aid assistance.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Student

Return this Application To:  
(On or Before 05/25/2009)

Mr. Vincent B. Ricci, PGK  
Chairman, Scholarship Committee  
62 Church Street  
Millburn, N.J. 07041