



# College Scholarship Award Application

**Knights of Columbus  
Council #6386  
Scholarship Application**

Non-repayable grants are available to ALL St. Rose of Lima Parishioners and to ALL dependents & grandchildren of 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.

Please check the following:

St. Rose of Lima Parishioner \_\_\_\_\_ Dependent of Council - Name of Council member: \_\_\_\_\_

**Applicant Information:**

<b>Your Name:</b>		<b>Date of Birth:</b>
		<b>*College ID #:</b>
<b>Home Address:</b>		<b>Accepted? Y/N:</b>
<b>Email Address:</b>		<b>Your Major:</b>
<b>Phone Number:</b>		
<b>School you plan to attend</b>		<b>Name of Present School:</b>
<b>What Year?</b>		
	<b>*=Undergraduate Students Only</b>	



	<b>Student Academic Information</b>	
	<u>For High School Students</u>	
	<b>To Be Completed by Guidance Counselor</b>	
<b>High School:</b>		<b>Graduation Year:</b>
<b>GPA:</b>		
<b>Class Rank:</b>		<b>Class Size:</b>
	<b>ACT Score:</b>	
<b>SAT Math:</b>	<b>SAT Verbal:</b>	<b>SAT Writing:</b>
<b>Activities: (List/Describe)</b>		
<b>Leadership Positions: (List/Describe)</b>		
<b>Honors: (List/Describe)</b>		

\*\*Attach Additional Sheets as Necessary.\*\*

<b>Guidance Counselor (Print Name):</b>		<b>Guidance Counselor Signature:</b>	<b>Date:</b>
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\*\* College Students or Re-Applicants Must Attach Latest Semester Grades\*\*

## **Essay**

**One of the Four Principles that serve as a foundation for The Knights of Columbus is Charity. Please describe your service to the St. Rose of Lima Parish and if you are a college student – describe your Community Service activities at your college/university. (Please use extra sheet as necessary)**

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

**Have you received ST. ROSE COUNCIL, #6386 Financial Aid in prior years?**

**How Much? \$ \_\_\_\_\_ When? \_\_\_\_\_**

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

**Signature of Student: \_\_\_\_\_**

**Signature of Parent/Guardian: \_\_\_\_\_**

**Return this Application On or Before May 31, 2016 To:**

**Mr. Dominic Balzano, PGK  
Scholarship Committee  
37 Parkview Dr.  
Millburn, NJ 07041  
dominicbalzano@gmail.com  
*cell (908)-507-2698***