

**Greenwich Knights of Columbus
Orinoco Council #39
Scholarship Application**

Return this application to the K of C by May 4th, 2014

The Greenwich Knights of Columbus Orinoco Council No. 39 annually awards scholarships to high school graduates, either public or private, in the amount of \$1,000.00. This scholarship is to aid the recipient in furthering their education beyond high school. The Trustees of the Scholarship Committee will review each candidate and the recipients shall be chosen. The candidates will be selected based on academic performance, co-curricular activities, community service and financial need will be considered.

Rules of Eligibility:

1. An eligible candidate for an Orinoco Council, Knights of Columbus scholarship shall be a high school graduate, either public or private.
2. An official transcript of high school grades, including the first half of the senior year, is to be sent to the Scholarship Committee, Class rank and scores on the Scholastic Aptitude Test of the College Entrance Examination Board test (or scores of the American College Testing Program) are to be sent to the Scholarship Committee (see Form D),
3. An autobiographic statement, including a description of the applicant's extra curricular and community activities as well as career objectives, must accompany this application (see Form C).
4. The scholarship aid will be sent directly to the recipient. A certified copy of acceptance to the institution named in this application must be received by the Scholarship Committee before payment will be made.
5. The decision of the Scholarship Committee shall be final. Recipients will be notified on or about June 30th.
6. Awards will be made on the basis of financial need, academic excellence, extra curricular activities or community activities. The amount of the scholarship is \$1,000.00. The scholarship may be reconsidered upon annual re-application.
7. The Scholarship Committee requires a listing of assets and liabilities, together with a statement of income and expenses of both the parent and applicant in order to determine financial need (see Form B).
8. The final date for filing this application, as well as for the supporting documents required in numbers 2, 3 and 7 above, is May 4th Materials submitted in support of the application are required.
9. The applicant will responsible for submitting Forms A, B and C directly to the Scholarship Committee. Form D will be submitted by a high school official.
10. All forms must be completed in full or the application will be considered null and void.

FORM A

NAME OF APPLICANT: _____
(Type of print) First Name Middle Name Last Name

ADDRESS: _____
Number and Street

City/Town	State	Zip
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PHONE NUMBER: _____ EMAIL: _____

SCHOOL PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

I hereby apply for an Orinoco Council, Knights of Columbus scholarship for the academic year beginning _____, 20____.

To be used at: _____
Name of Institution

Address of Institution

The information given in this application I affirm to be true and complete. I have read in their entirety the Rules of Eligibility printed on this application and I hereby accept and agree to these Rules:

Signature of Applicant

I hereby consent to the filing of this application and accept the aforesaid Rules of Eligibility of which I have received a copy.

Signature of Parent/Guardian

Date: _____

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SECTION 1.

1. a) Name of College, Trade or Technical School: _____
- b) Tuition and Fees \$ _____
- c) Room Costs \$ _____
- d) Boarding Costs \$ _____
- TOTAL COSTS:** \$ _____

2. How do you plan to pay for your educational expenses?
- a) Amount parents are to pay \$ _____
- b) Amount you have already saved \$ _____
- c) Amount expected to earn this summer \$ _____
- d) If you plan on working during the school year, what are you anticipated earning \$ _____
- TOTAL COSTS:** \$ _____

FORM B
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SECTION II:

Family Status:

1. Father ☐ Living ☐ Deceased (go to No. 2)

Father's Occupation: _____

Father's Income: \$ _____

2. Mother ☐ Living ☐ Deceased (go to No. 4)

Mother's Occupation: _____

Mother's Income: \$ _____

3. If parents are alive, are they: ☐ Married ☐ Divorced or Separated

4. Are there any extraordinary expenses which your family faces and will affect their ability to assist you in financing your education?

5. List the name, ages and year in school of all other children in your family, including those in college or otherwise dependent on parents for some degree of support.

Name	Age	School and Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Signature _____

Date _____

FORM C

In the space below, please give a brief autobiographical statement. Include a description of you extra-curricular activities, interscholastic sports, community programs and career objectives.

FORM D

TO BE COMPLETED BY SCHOOL OFFICIAL

Student Name: _____

Name of High School: _____

High School Address: _____

City

State

Zip Code

High School Phone Number: _____

Name of Counselor: _____

Cumulative Average: _____ Rank in Class: _____ / _____
No. from top No. in class

College Board Scores: SAT Verbal: _____

Math: _____

The above information has be furnished by:

Name: _____

Signature: _____

Title: _____

Date: _____

PLEASE INCLUDE TRANSCRIPT OF SCHOLASTIC RECORD AND MAIL TO:

Knights of Columbus
Orinoco Council #39
P.O. Box 39
Greenwich, CT 06830
Attention: Scholarship Committee

FORM E
(FOR CONTINUING SCHOLARSHIP)

TO BE COMPLETED BY OFFICE OF THE ACADEMIC DEAN

Name of College: _____

College Address: _____

City

State

Zip Code

College Phone Number: _____

Name of Academic Dean: _____

Name of Counselor: _____

Name of Student: _____

Grade Point Average: _____ Rank in Class: _____ / _____
No. from top No. in class

The above information has be furnished by:

Name: _____

Signature: _____

Title: _____

Date: _____

PLEASE INCLUDE TRANSCRIPT OF SCHOLASTIC RECORD AND MAIL TO:

Knights of Columbus
Orinoco Council #39
P.O. Box 39
Greenwich, CT 06830
Attention: Scholarship Committee