



# Knights of Columbus

Msgr. Kane Council

## Scholarship Trust Student Application

*(Please type application)*

Name \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Graduation \_\_\_\_\_ School \_\_\_\_\_

Parish activities that you have participated in

\_\_\_\_\_  
\_\_\_\_\_

Do you hold any awards or recognitions?

\_\_\_\_\_  
\_\_\_\_\_

What school do you plan to attend and have you been accepted?

\_\_\_\_\_  
\_\_\_\_\_

What are your vocational / career plans?

\_\_\_\_\_  
\_\_\_\_\_

How do you plan to finance your education?

\_\_\_\_\_  
\_\_\_\_\_

Give a brief summary of your participation in activities in the church and community.

*(Please use the reverse side of this application or additional sheets)*

Your signature below authorizes your school to attach a transcript of your high school records to this application.  
(If you are under 18, a parent or guardian must sign)

\_\_\_\_\_

\_\_\_\_\_

Signature

Date