

Knights of Columbus Council 3371 Scholarship Application

** Applicant's Father or Guardian MUST be a member of Knights of Columbus Council 3371 Nada, TX **

Deadline for submission of Application is March 31st

Name:

LAST

FIRST

MIDDLE INITIAL

Address:

STREET ADDRESS or P.O. BOX #

CITY

COUNTY

STATE

ZIP CODE

Parish you are registered in: **St. Mary's/Nada** Other Parish: _____

Phone Number: _____ Date of Birth: _____

Name of Parents/Guardians: _____ Number of Siblings: _____

Father/Guardian Occupation: _____ Company: _____

Mother/Guardian Occupation: _____ Company: _____

Sponsoring Knights of Columbus Member Information

Member's Relationship to Applicant: **Father** or **Guardian**

Father or Guardian:

LAST NAME

FIRST NAME

Knights of Columbus Membership Number: _____

Address:

MAILING ADDRESS

CITY

STATE ZIP CODE

'K of C' Member's Participation in 'K of C' / Church Activities (ex. Meeting attendance, Lenten Fish Fries, "Test of the Best" and Raffle, Church Picnic, Ushering, Lecturing, Eucharistic Minister, Community Service, etc.):

Student Community / Church Volunteer Service

List all Community / Church volunteer service(s) you have performed during the past four (4) years. The volunteer activity must reach out and give to others in the Community.

Service Performed / Organization	Year (9, 10, 11, 12)	Hours (per month)	Awards, Honors, Level of Achievement

(Attach additional sheet if needed.)

Student Work Experience

Employer	Position	From (month/year)	To (month/year)	Hours (per week)

In submitting this application, I, and my sponsor, certify that all of the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in the termination of any scholarship granted.

Applicant's Signature: _____ **Date:** _____

Sponsoring KC Member's Signature: _____ **Date:** _____

Parish Priest's Signature: _____ **Date:** _____

Submit application to:

**Stephen Spanihel, Grand Knight Council # 3371
P.O. Box 83
Nada, TX 77460**