



**KNIGHTS OF COLUMBUS  
MASSACHUSETTS STATE COUNCIL**

**470 Washington Street Suite #6, Norwood, MA 02062**

**Tel: 781-551-0628, Fax: 781-551-0490, E-mail state.office@masskofc.org**

**APPLICATION FOR STATE COUNCIL CATHOLIC COLLEGE SCHOLARSHIP**

**Five \$1,000 Scholarships Due Date NLT Close of Business April 1, 2025**

**An applicant cannot win the Scholarship more than once**

Please Type or Print Clearly

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (MI)

Home Address: \_\_\_\_\_  
(Street and Number) (City) (State) (Zip)

Mailing Address: (Only if different from Above) \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

Sex: ( ) Male ( ) Female

Are you a member of the Knights of Columbus: ( ) yes ( ) no Membership No.: \_\_\_\_\_

If you are not a member, please list name and membership number of the **immediate** family living relative below:

Name	Relationship	Membership Number
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I attest that the above name is a member in good standing of \_\_\_\_\_  
Name and Number of Council

\_\_\_\_\_ Date: \_\_\_\_\_  
Financial Secretary

Have you been accepted or presently enrolled at a Catholic College/University? ( ) yes ( ) no

If yes, which Catholic College/University: \_\_\_\_\_

Catholic College/University Address: \_\_\_\_\_

Dean of Admissions: \_\_\_\_\_ Tel No.: \_\_\_\_\_

If no, which Catholic College/Universities have you applied?

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

Intended Date of Enrollment: ( ) Sept. ( ) Jan 20\_\_\_\_

SUBMIT RESUME OR ANSWER THE FOLLOWING QUESTIONS

List High Schools/Preparatory schools attended:

SCHOOL	ADDRESS	DATES ATTENDED

In answering the following questions, please indicate the years involved:  
(1-Freshman, 2-Sophomore, 3-Junior, 4-Senior)

1. In what school activities (other than sports) have you participated?

2. In what organizations outside of school have you been involved?

3. What offices have you held?

4. What prizes/honors/awards of a scholastic, literary, scientific, or other nature have you received?

5. What varsity sports have you participated, if any?

Father's Name			Mother's Name		
Living	( ) yes	( ) No	Living	( ) yes	( ) no

Father's Address

Mother's Address

Street and Number

Street and Number

City/State/Zip

City/State/Zip

Occupation

Occupation

Employer

Employer

List names and ages of your sisters and brothers, if any

ESSAY QUESTION: **What values do you wish to gain from a Catholic College Education to make you successful?** Minimum 200 words (If typed use double space, and you may use separate attached sheets of paper)  
**Due Date NLT Close of Business April 1, 2023.**

I attest that the information in the scholarship application is accurate and true.

Signature of Applicant

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Knights of Columbus Relative (if **applicant** is not a K of C member)