

NORTH TONAWANDA CATHOLIC CLUB, INC.

and

MADONNA COUNCIL #2535

KNIGHTS OF COLUMBUS

SCHOLARSHIP APPLICATION

**For Graduating High School Students (including grandchildren)
Of Madonna Council Members**

**To be awarded based upon essay, financial need, and parents or grandparents
involvement with the Madonna Council Knights of Columbus**



**ALL APPLICATIONS MUST BE RECEIVED BY
APRIL 1ST**

STUDENT NAME _____

DATE _____

ADDRESS _____

TELEPHONE _____

HIGH SCHOOL FROM WHICH YOU WILL BE GRADUATING _____

An official copy of your high school transcript must be included.

COLLEGES APPLIED TO:	ACCEPTED?	DEPOSIT?
_____	YES NO	YES NO
_____	YES NO	YES NO
_____	YES NO	YES NO
_____	YES NO	YES NO

ULTIMATE CAREER GOAL _____

SCHOOL ACTIVITIES AND SPORTS PARTICIPATED IN LAST 4 YEARS:

<u>ACTIVITIES</u>	<u># OF YEARS</u>	<u>OFFICES HELD</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ORGANIZATIONS

OF YEARS

OFFICES HELD

_____	_____	_____
_____	_____	_____
_____	_____	_____

HONORS RECEIVED IN HIGH SCHOOL:

WORK EXPERIENCE:

HOBBIES/INTERESTS:

ESTIMATED COLLEGE COSTS PER YEAR

TUITION _____ FEES _____ ROOM BOARD _____ TOTAL _____

FATHER'S NAME _____

LIVING? _____

MOTHER'S NAME _____

LIVING? _____

ARE YOU LIVING WITH BOTH PARENTS? _____
IF NOT, WITH WHOM? _____

FATHER'S OCCUPATION _____
PLACE OF EMPLOYMENT _____

MOTHER'S OCCUPATION _____
PLACE OF EMPLOYMENT _____

Total household income _____

Optional: This application may also be accompanied by a letter from the parent or guardian describing any unusual family expenses, debt, or special circumstances.

HOW MUCH HAVE YOU SAVED TOWARDS YOUR EDUCATION? _____

HOW MUCH CAN YOUR PARENTS CONTRIBUTE ANNUALLY? _____

NUMBER OF DEPENDENT CHILDREN (INCLUDE YOURSELF): _____

LIST DEPENDENT CHILDREN

NAME	AGE	SCHOOL ATTENDING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST THREE REFERENCES (DO NOT INCLUDE RELATIVES OR MORE THAN ONE HIGH SCHOOL FACULTY MEMBER:

NAME

PHONE #

HAVE YOU ALREADY RECEIVED OTHER SCHOLARSHIPS OR GRANTS?

YES _____ **NO** _____

IF YES, PLEASE LIST:

NAME

AMOUNT

WHAT OTHER FINANCIAL AID WILL YOU BE RECEIVING? _____

ESSAY (REQUIRED)

COMPOSE A TYPED ESSAY ON A SEPARATE SHEET AND ATTACH TO YOUR APPLICATION.

Please describe your voluntary charitable works and financial need. Be specific about the name of the charity, your involvement and how often you volunteered.

SIGNATURES

APPLICANT: _____

DATE _____

PARENT OR GUARDIAN: _____

DATE _____

Name of FATHER OR GRANDFATHER

That is a MEMBER OF MADONNA COUNCIL #2535 _____

ALL APPLICATIONS THAT ARE NOT COMPLETE WILL NOT BE CONSIDERED.

ALL COMPLETED APPLICATIONS ARE TO BE MAILED TO:

**NORTH TONAWANDA CATHOLIC CLUB, INC.
755 ERIE AVENUE
NORTH TONAWANDA, N.Y., 14120
ATTENTION: SCHOLARSHIP COMMITTEE**

ALL APPLICATIONS MUST BE RECEIVED BY APRIL 1st