

Send completed scholarship applications to:

New York State Council
Knights of Columbus
201 Portion Road, Suite A
Lake Ronkonkoma, N Y 11779

New York State Council Knights of Columbus High School Scholarship Program

Scholarship Applications Must Be Submitted

And / Or Postmarked To Arrive

No Later Than April 1st

Preceding The September School Start-Up

Date The Applicant Plans To Enter High School

NOTE: Any documents received other than those specified will not be considered in the Scholarship Selection Committee's decision.



SCHOLARSHIP APPLICATION

**ANTHONY ZIBELLA, Jr., STATE CHAIRMAN
518-828-5082**

****INSRTUCTIONS****

Applications for applicants entering the 9th Grade must be submitted in time to arrive at the N.Y. State Council's Executive Office NO LATER THAN April 1st preceding the September school start-up date the applicant plans to enter high school.



For Further Information please contact:
631-366-3787

NYSKOFCA@aol.com

**NEW YORK STATE COUNCIL, KNIGHTS OF COLUMBUS
SCHOLARSHIP PROGRAM**

Control Number: _____

PURPOSE:

To provide Financial Assistance to dependent children, grandchildren and legal wards of Knights of Columbus for the furthering of their Catholic High School education.

SCHOLARSHIP AWARDS:

Scholarships are awarded based upon the scholastic aptitude of the applicants and their involvement in Church and/or Community activities. The scholarship is awarded without consideration of financial.

REQUIREMENTS:

1. Applicant must be a son, daughter, grandchild or legal ward of a Knights of Columbus in good standing. Children of deceased members who demise occurred while in good standing are also eligible .
2. Acceptance in a New York State Catholic High School for the school year beginning in September of that year. **PROOF OF ACCEPTANCE IS REQUIRED.**
3. All applications **MUST** bear the council seal and the signature of the Grand Knight and the Financial Secretary verifying good standing of sponsor member.
4. Signatures of Parent or Guardian and the Sponsoring Member are required to certify the accuracy of all information appearing on the application .
5. A letter of recommendation from the GRAND KNIGHT of the sponsoring Council attesting to the APPLICANT'S involvement in Church and/or Community Activities.
6. A letter of recommendation from a Priest, Deacon, Religious or Layperson specifying APPLICANT'S involvement in Church activities.
7. A letter of recommendation from an Educator at the currently attended school specifying the APPLICANT'S scholastic achievements and involvement in school activities.
8. Submit transcripts of the STUDENT'S final marks of the 7th Grade and MID-YEAR scores for the 8th.
9. A 200 WORD COMPOSITION, written by the APPLICANT, demonstrating knowledge of THE IMPORTANCE OF THE TEACHINGS OF JESUS CHRIST AND THE CATHOLIC CHURCH in his or her life. Please submit in typed form.
10. THE DECISION OF THE COMMITTEE IS FINAL. Only winners will be notified.

OTHER RELATED INFORMATION

1. For purposes of filing, the location of the Sponsoring Member's Council decides the diocese of residence.
2. A student entering the 9th grade of a New York State Catholic High School may apply for both a Tuition Grant and a Scholarship Award, but may only receive ONLY one or the other.
3. Payments of Scholarship Awards are made annually and mailed directly to the Catholic High School.
4. Scholarship announcements will be made by Scholarship Committee no later than June 1st. **ONLY WINNERS WILL BE NOTIFIED.**

**N.Y. State Council
Knights of Columbus
Scholarship Program**

**Application For 9th Grade Applicants Planning To Enter
Catholic High School Only**

PLEASE PRINT CLEARLY

Student Name: _____

Address : _____

Signature of Applicant: _____

Years at present address: _____ Telephone #: _____

Will student be receiving any other financial assistance or scholarships? YES NO

If YES, ANNUAL amount: \$ _____

If YES, list organization(s) : _____

Date of Birth: _____ Age: _____

Present School: _____ Grade: _____

Full School Name and Address and Grade for which Student HAS BEEN ACCEPTED:
(Note: Must be a Catholic High School in New York State)

I vouch that all information given is true and I will present the required proof if requested. I also give permission to obtain the Diocesan High School test scores, if applicable or needed.

Parent/Guardian Signature: _____

Sponsor's Name and Council Name & Number: _____

Sponsored By: Father Grandfather District Number

Grand Knights Signature: _____

Financial Secretary Signature: _____

Council Seal
MUST be placed here