



KNIGHTS OF COLUMBUS
COUNCIL #8592
SCHOLARSHIP APPLICATION

First Name: _____ Last Name: _____

Address: _____
(Street) (City, State, Zip)

Phone: _____ Email: _____

Parent/Guardian:

Name and Location of Post-Secondary School, which you plan to attend:

Have you been accepted by the named Post-Secondary School? YES NO

Planned enrollment date (Month & Year): _____

Subject you plan to study: _____

Are you a practicing Catholic? YES NO

Is your father, grandfather, or guardian a member of the Knights of Columbus? YES NO

Please list all of the activities/projects you have participated in with your parish, school, or community (ex: Faith Formation, volunteer service, etc.). Please include your level of participation in each activity.

What has it meant to you to be a member of your parish? _____

Please indicate why you feel you should be considered for this scholarship. _____

Signature: _____ Date: _____

Please complete by May 1st and send to:
Mel Smith, P.O. Box 265, Dakota City, IA 50529 or drop off at the parish office