



**Knights of
Columbus®**
**Connecticut
State Council**

CTStateCouncil.org

DONALD BARRY SJ SCHOLARSHIP RULES and PROCEDURES

The following Rules and Procedures govern the Connecticut State Council Knights of Columbus Scholarship Program:

Eligibility:

1. To be eligible, an applicant must be either (and this must be certified):
 - a. the son or daughter of member of the Knights of Columbus in good standing, or of a deceased Knight who was in good standing at the time of his death; or
 - b. a member of the Knights of Columbus in good standing; or
 - c. a member of the Columbian Squires in good standing.
2. All applicants shall be entering the freshman year in an approved undergraduate college or university in the United States as a regular, full time matriculated student in a program leading to a Bachelor's Degree.

Criteria:

3. Awards will be made on the basis of academic excellence, extra-curricular activities, and church and community activities. The scholarship is limited to cover the applicant's freshman year. The scholarship is nonrenewable.

Application Materials:

4. The applicant must submit the following:
 - a. An **ORIGINAL**, completed and signed Application Form.
 - b. An official certified transcript of high school grades including the first half of the senior year.
 - b. Scores from the Scholastic Aptitude Test of the College Examination Board Tests (or the American College Testing Program).
 - c. **An autobiographical essay stating educational objectives and goals.**
 - d. **Two letters of recommendation in sealed envelopes** from a teacher, counselor, administrator, pastor or community leader shall be included with the application or sent to the Scholarship Committee under separate cover. The applicant's name is to appear in the lower left-hand corner of the envelope.
 - e. Statement from the Financial Secretary of a local K of C council confirming that the applicant meets the membership criteria described in Section 1 above.

Submission of Application Materials:

5. **All Application Materials must be received by March 15, 2024. There is no grace period.**
6. Application Materials are to be submitted to:
Paul Healey, Executive Secretary
21 Broadview Drive
Wallingford, CT 06492

Decision and Notification:

7. The decision of the State Council's Scholarship Committee shall be final. Scholarship recipients will be notified no later than **April 26, 2024**.



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DONALD BARRY SJ SCHOLARSHIP APPLICATION

COMPLETED APPLICATIONS ON THE ORIGINAL FORM MUST BE RECEIVED BY THE DEADLINE

To Be Completed by The Applicant:

(Last Name) (First Name) (Middle)

Home Address _____

City/State _____ Zip Code _____

Telephone _____ Email _____

Date of Birth _____ Place of Birth _____

Name of Parent(s) or Guardian _____

Name of Colleges/Universities Applying To:

Which of the above is your first choice school? _____

Have you been accepted to any of the Colleges/Universities to which you have applied?
If so, which ones.

School Organizations Including Athletics (indicate years of participation and any offices held):

Church and/or Community Organizations (include years of membership and any offices held):

Volunteer Church and/or Community Service (indicate years of service):

Awards, Honors, and Other Personal Achievements:

I have read in their entirety the Rules of Eligibility printed on this application and I hereby accept and agree to these rules. The information given in this application I affirm to be true and complete

Signature of Applicant

Date

PARENT

I hereby consent to the filing of this application and accept the aforesaid Rules of Eligibility.

Parent's Name: _____

Signature: _____

Date: _____

To Be Completed By High School Official:

Name of School _____

Address _____

City/State _____ Zip Code _____

Telephone _____

Name of Principal _____

Applicant's Cumulative Average _____ Grade Scale _____

Applicant's Class Rank _____ Class Size _____

Please include an official transcript including SAT or ACT scores, and class rank (if applicable) with this application.

The above information has been submitted by:

Name _____

Signature _____

Title _____

Date _____

To Be Completed By The Financial Secretary:

MEMBERSHIP VERIFICATION

Council Name _____ Number: _____

Address _____

City/State _____ Zip Code _____

Name of Grand Knight _____

I hereby certify that:

If the applicant is a son or daughter of a current Knight of Columbus:

Name of Father _____ whose membership number is _____

is in good standing on the records of Council Number _____.

If the applicant is the son or daughter of a deceased Knight:

Name of Father _____ whose membership number is _____

was in good standing on the records of Council Number _____ at the time of his death

If the applicant is a member of the Knights of Columbus or a Columbian Squire:

I hereby certify that Brother _____ whose membership number is _____

is in good standing on the records of Council/Circle Number _____.

Name of Financial Secretary _____

Signature of Financial Secretary: _____

Date: _____