



WINFIELD KNIGHTS OF COLUMBUS COUNCIL 8002
SCHOLARSHIP PROGRAM

2025 Scholarship Award Application Form

This form must be completed in ink or typewritten. All areas must be completed or the application WILL NOT be considered. Please read the following instructions very carefully. Failure to submit any of the requested information or complete any questions or essay, will result in your application being disqualified.

Remember, there is a reason for every question. Please read each question thoroughly and answer them honestly, accurately and completely. The more information you give us, the more prepared we are to evaluate your application. You may use additional pieces of paper if necessary. This cover sheet and your official transcript are the only places your name should appear. Under no circumstance should your name appear anywhere else on this application or on any of the additional paperwork. The review committee will not know who you are until after the winning applications have been selected. The cost of attending college today places a financial burden on all families. This will allow us to spread the money available to more Winfield area families. Don't forget to include an official transcript of your grades with the Application. It is not necessary to send any personal tax forms or tax information with this application. We should also mention that question #15 is a very important one. When answering this question list all special circumstances that limit or take up a portion of the family income along with the approximate percentage of income used on these circumstances. Again, don't mention any names.

Jim Marino/Knights of Columbus Scholarship Chairman
P.O. Box 286
Winfield, IL 60190

Write the words "Scholarship Application" on the back of the envelope. Please mail your application so it is postmarked no later than APRIL 16, 2025. To be considered, it must be received by APRIL 23, 2025. The applicant will complete Parts I and II of the form. Use additional pages if necessary. Part III is to be completed by school officials, attached in a sealed envelope or mailed to the Knights at St. John's.

Part I - Cover Sheet

Application Type: (June Graduate or Currently in College)
Student's Full Name: Date of Birth:
Address:
City: State: Zip:
Current Church Affiliation: Pastor:
School to Attend: Current School: GPA:
Father's Name: EMAIL: Mother's Name: EMAIL:
Daytime Phone #: Evening Phone#:

Applicant must have a Relationship to Winfield (Check all that apply)

- Affiliation with Winfield Knights of Columbus Council 8002. Must be family of a member in good standing of Council 8002
Member Member's Signature Membership #
Son or Daughter; Wife; Grandchild; Wife, Son, or Daughter of a Deceased member.
Resident of Winfield in zip code 60190
Family Business located in Winfield, please identify the business
Registered Parishioner at St. John the Baptist Church.



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OPTIONAL  
CONFIDENTIAL FINANCIAL STATEMENT

It is understood and agreed that all information submitted will be accorded the strictest of confidential protection by the members of the Scholarship Committee and will be destroyed after committee use.

**IMPORTANT: Financial Need is a consideration in selecting recipients for every Scholarship.**

**Missing or blank items will cause the application to be rejected!**

The following questions are to be answered by the applicant or Parent/Guardian if applicant is under 18:

1. What course of study will the applicant pursue? \_\_\_\_\_
2. Have you received any financial aid toward tuition, etc. \_\_\_\_\_
3. Which College does your child plan to attend? \_\_\_\_\_
4. What will your annual total costs (tuition, room & board, fees) be at this school? \$\_\_\_\_\_
5. Has your child been accepted at this time? \_\_\_\_\_
6. Is there any academic information not included on the transcript that you feel we should know or consider? Please attach.
7. Number of children living at home: \_\_\_\_ Ages \_\_\_\_ \_
8. Number of children who will attend Elementary School next year: \_\_\_\_\_
9. Number of children who will attend High School next year: \_\_\_\_\_
10. Number of children who will attend College next year: \_\_\_\_\_

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11. Special or Unusual Expenses the Family or Applicant must meet: \_\_\_\_\_

12. Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

13. Applicant's signature: \_\_\_\_\_

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**\*Enclose or have your school send to us, a transcript of your academic grades.**



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**Part II**

**A. *List school and volunteer activities. Include hobbies, sports, clubs, civic and Church organizations:***

This includes participation in clubs and organizations whose goals are dedicated to assisting individuals or organizations within the community. Assistance to the Winfield Knights in their various activities should also be noted. If the applicant is a veteran or on active duty, please include that information with the rank, branch of service and current duty station. If the applicant has a disability, please include that information.



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**Part II (continued)**

- B. Describe why the Winfield Council #8002 of the Knights of Columbus, representing the community of Winfield, should consider you for this scholarship:**



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Part III SCHOOL SUPPORT DATA
Letters of Recommendation (From Guidance Counselor or School Official)

This completed form, together with a letter of recommendation, a copy of the student's academic grade record and class standing should be given to the applicant in a sealed envelope so that it may be included with his/her completed application

Please evaluate the student using: 1- Excellent; 2- Very Good; 3- Average; 4- Below Average; 5-Poor.

1. SELF-DIRECTION AND DISCIPLINE:

- Dependent ( );
Gets along well with peers ( );
Works well alone and with others ( ).

2. WORK HABITS:

- Displays those habits of study which lead to achievement ( );
Completes assigned tasks ( );
Is prompt, concentrates well ( );
Locates Information ( ).

3. INVOLVEMENT IN SCHOOL ACTIVITIES:

- Participates in class discussions ( );
Is a good leader as well as a team member ( );
Participates in voluntary activities ( );
Is admired by others ( ).

4. Estimate of Applicant's likelihood for Academic Success in College (\_\_\_).

5. To the best of your knowledge, could this applicant attend College without aid?

6. Has the applicant obtained financial aid for use in attending College next year?

7. What is your recommendation to the committee concerning this applicant for the Knights of Columbus Scholarship?

Signature \_\_\_\_\_ Title \_\_\_\_\_
School \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

This completed application, with a letter of recommendation from the student's counselor or school official, and the above essay on the topic must be submitted together to:

Jim Marino/Knights of Columbus Scholarship Chairman
P.O. Box 286
Winfield, IL 60190

SPECIAL NOTE:

The completed application package must be postmarked by April 16, 2025 and received no later than April 23, 2025. Checks will be made out to the applicant's college and the scholarship award is valid for one year.