



# College Scholarship Award Application

**Knights of Columbus  
Council #6386  
Scholarship Application**

Non-repayable grants are available to ALL St. Rose of Lima Parishioners and to ALL dependents and grandchildren of members of St. Rose Council #6386 (K of C) who qualify for financial assistance.

Please Note: be sure to answer all questions and fill in all blanks.

Please check all of the applicable items:

St. Rose of Lima Parishioner \_\_\_\_\_ Child/Grandchild of Council Member ----- Name of Council Member \_\_\_\_\_

**Applicant Information:**

<b>Your Name:</b>		<b>Date of Birth:</b>
		<b>*College:</b>
<b>Home Address:</b>		<b>Accepted? Y/N:</b>
<b>Email Address:</b>		<b>Major:</b>
<b>Phone Number:</b>		
<b>School you plan to attend</b>		<b>Name of Present School:</b>
<b>What Year Expect to Graduate?</b>		
	<b>*Undergraduate Students Only</b>	

**Family Financial Information**

<b>Father's Name:</b>		<b>Mother's Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Employer:</b>		<b>Employer:</b>	
<b>Annual Income Income (Earned/Unearned):</b>	\$	<b>Annual Income Income(Earned/Unearned):</b>	\$

	<b>Student Financials</b>		
<b>Monies Out:</b>			<b>Monies In:</b>
<b>Tuition:</b>	\$		<b>Grants:</b>
<b>Room/Board:</b>	\$		\$
<b>Fees:</b>	\$		\$
<b>Books/Equipment:</b>	\$		\$
<b>State of ____ Tuition Aid</b>	\$		<b>Loans:</b>
<b>Work Study:</b>	\$		<b>Stafford: \$</b>
<b>Relatives/Friends/Welfare</b>	\$		<b>Perkins: \$</b>
<b>Pell Grants</b>	\$		<b>NJ Class: \$</b>
			<b>Other: \$</b>

<b>Expenses:</b>		
<b>Laundry:</b>	\$	
<b>Entertainment:</b>	\$	
<b>Transportation:</b>	\$	
<b>Other:</b>	\$	
<b>Other:</b>	\$	
<b>Miscellaneous:</b>	\$	

\_\_\_\_\_

TOTAL MONIES OUT \$ \_\_\_\_\_

TOTAL MONIES IN \$ \_\_\_\_\_

<b>Student Academic Information</b>		
<u>For High School Students</u> <u>To Be Completed by Guidance Counselor</u>		
<b>High School:</b>		<b>Graduation Year:</b>
<b>GPA:</b>		
<b>Class Rank:</b>		<b>Class Size:</b>
	<b>ACT Score:</b>	
<b>SAT Math:</b>	<b>SAT Verbal:</b>	<b>SAT Writing:</b>
<b>Activities: (List/Describe)</b>		
<b>Leadership Positions: (List/Describe)</b>		

<b>Honors: (List/Describe)</b>		

**\*\*Attach Additional Sheets as Necessary\*\***

<b>Guidance Counselor (Print Name):</b>		<b>Guidance Counselor Signature:</b>		<b>Date:</b>
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**\*\* College Students or Re-Applicants Must Attach Latest Semester Grades**

## **Essay (Required)**

**One of the Four Principles that serve as a foundation for the Knights of Columbus is Charity. Please describe your service to the St. Rose of Lima Parish and if you are a college student – describe your Community Service activities at your college/university. (Please attach at end of Application)**

**Are there any factors not mentioned on this application which we should know about? (Attach extra sheet if necessary.)**

**Have you received a ST. ROSE COUNCIL #6386 Scholarship Award in prior years?**

**How Much? \$ \_\_\_\_\_ What Year(s)? \_\_\_\_\_**

**We certify that we have reviewed all of the pages of this form and the information is complete and correct. It is submitted to the Scholarship Committee to help determine the student's suitability for a scholarship award.**

**Signature of Student: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_**

**Return this application on or before July 22, 2024 to:  
Peter B. Quinn, PGK  
Scholarship Committee  
231 Baltusrol Avenue  
Springfield, New Jersey 07081  
PBQ1@comcast.net  
Cellular (973) 809-0494**