



College Scholarship Award Application

2022-2023
SCHOOL YEAR

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

Non-repayable grants are available to ALL St. Rose of Lima Parishioners and to ALL children 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 the following:

St. Rose of Lima Parishioner Child/Grandchild of Council member: _____

Applicant Information*:

Your Name:		Date of Birth:
		College Applied To/Attending:
Home Address:		Accepted? Y/N:
Email Address:		Your Major:
Phone Number:		
		Name of Present School:
Expected Year of Graduation?		
	* = Undergraduate Students Only	

Family Financial Information

Father:		Mother:	
Address:		Address:	
Employer:		Employer:	
Annual Income (Earned/Unearned):	\$	Annual Income (Earned/Unearned):	\$

	Student Financial Data	
Tuition:	\$	Grants:
Room/Board:	\$	\$
Fees:	\$	\$
Books/Equipment:	\$	\$
Total		
State of ____ Tuition Aid	\$	Loans:
Work Study:	\$	Stafford: \$
Relatives/Friends/Gifts	\$	Perkins: \$
Pell Grants	\$	NJ Class: \$
		Other: \$
		Total

Expenses:		
Laundry:	\$	
Meals:	\$	
Transportation:	\$	
Other:	\$	
Other:	\$	
Total	\$	

TOTAL NEEDS: \$ _____

TOTAL FUNDS: \$ _____

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

Honors: (List/Describe)		

****Attach Additional Sheets as Necessary.****

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

Essay

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 use separate sheet(s))

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

Have you received ST. ROSE COUNCIL, #6386 Financial Aid in prior years?

How Much? \$ _____ When? _____

We certify that we have checked all of the pages of this form. The information is complete and correct. It is submitted to the "Scholarship Committee" to help it determine the student's need for Financial Aid assistance.

Signature of Student: _____

Signature of Parent/Guardian: _____

Return this Application on or before May 23, 2022 To:

**Peter B. Quinn, Grand Knight
Scholarship Committee
231 Baltusrol Avenue
Springfield, NJ 07081
PBQ1@comcast.net
cell (973)-809-0494**