



**Knights of Columbus Mother Seton Council #5427  
James Picarella Memorial and Mother Seton Scholarship Program  
79 Pascack Road - Township of Washington, NJ 07676**

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**APPLICATION FOR SCHOLARSHIP**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Name of Knights of Columbus Sponsor** \_\_\_\_\_

**I certify that all statements contained in this application are true and correct, and that I meet the criteria below.**

**Signed** \_\_\_\_\_

(Student's signature)

**Date** \_\_\_\_\_

**This application meets with my approval** \_\_\_\_\_

(Signature of parent or guardian)

**The following lists the criteria for the scholarship program:**

- 1. Applicants must be either a resident of the Township of Washington, NJ 07676, or must have a father, brother, grandfather or uncle who is in good standing in the Knights of Columbus Mother Seton Council #5427 for one year prior to the date of the application.**
- 2. The scholarship must be applied toward tuition for a full-time student at any accredited institution of higher education; college, business, nursing, or technical school.**
- 3. This application must be completed by the student in its entirety. If something does not apply, please state that fact.**
- 4. A high school transcript MUST accompany the completed application.**
- 5. One (1) scholarship will be awarded per applicant upon proof of enrollment. A total of three (3) James Picarella Memorial and one (1) Mother Seton Council scholarships will be awarded. Scholarship values are \$1,000. This application is for both scholarships.**
- 6. While scholastic ability is of great importance, all aspects of this application will be considered.**
- 7. Completed applications must be received at the Knights of Columbus in a sealed envelope by May 15<sup>th</sup>, 2023, to the attention of Paul Elterlein, scholarship chairman.**



**Knights of Columbus  
Mother Seton Council #5427  
Scholarship Program**

**Current School Name:** \_\_\_\_\_

**Father :** \_\_\_\_\_

**Mother :** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

<b>Brothers / Sisters</b>	<b>Age</b>	<b>Name of School, College or Occupation</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Are there any special family circumstances that affect the financial situation at home?  
(For example, family illness, support of a grandparent, unemployment) – Please explain:**

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**Have your parents completed a financial aid form (FAF)?** Yes \_\_\_\_\_ No \_\_\_\_\_





**Knights of Columbus  
Mother Seton Council #5427  
Scholarship Program**

**Spiritual Involvement / Church Activities**

**Approx. Dates**

**Hours per Year**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Outside Employment (Name and Address)**

**Approx. Dates**

**Hours per Year**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Which Colleges/Universities/Technical Schools have you applied to? Include school state.**

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
7. _____	8. _____
9. _____	10. _____
11. _____	12. _____



