APPLICANT NAME:	

Application Due I	Date: March 31, 2025
Student Name:	
Parent(s)/Guardian(s)Name(s)	
Address:	
Parent/Guardian Email:	
Parent/Guardian Phone:	
2025 Entering Level (Check One)	Elementary K-4 Elementary 5-8 High School College
What is your Religion?	
What is the name of your parish?	
Are you (Parent/Guardian) your father or g	grandfather a member YES
of the Knights of Columbus? (Check one)	NO NO
If Yes: Member Name	
Member number	
Name and Number of Council	

APPLICANT NAME:
What is the school the applicant will be attending in 2025?
School Name:
Location:
Practice of the Faith:
Does the applicant currently attend Catholic School?
If yes: Name:
Location:
Do you (the student) attend mass regularly?
Do you (the student) attend Religious Education?
Volunteer Service: Please specify to whom the service is provided and specifically what that service involves.
Your Parish and/or the Catholic Church
For your Family
For the Community
Academic: Answers may be subject to verification
Your most current GPA (if applicable) <u>OR</u> your latest total report card score/average
List any Academic Honors (Example: School Club, societies-list office/rank if applicable)

Leadership
List any non-academic recognition you have received:
List Offices or Special Positions you hold (not work related)
Extra-Curricular: (currently active) (Example: School Clubs, Societies-list officer/rank if applicable)
Clubs
Sports
Music
Work

APPLICANT NAM	
-	o paragraphs below about your hopes and
ents welcome to assist child	chool. Use additional pages if needed.
ents weredine to assist enin	aren K 4
Parent/Guardian Signature	
	Date:
	Date.
Student Signature	
	Date:
Preferred Submission Meth	nod: Download form at:
https://Piermontknig	hts.org
	cations to: <u>albanfischolarship@gmail.com</u>
Or Send hardcopy complete Piermont Knights of Colum	
Attention: Ernie Rispoli – D	eputy Grand Knight
411 Washington Street, Tap	pan NY 10983
Scholarship recipients mus	t reapply each year.