

# Piermont 2320 Knights of Columbus Al Banfi Scholarship Application

APPLICANT NAME: \_\_\_\_\_

**Application Due Date: March 31, 2026**

Student Name: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

## 2026 Entering Level (Check One)

<b>Elementary K-4</b>	<input type="checkbox"/>
<b>Elementary 5-8</b>	<input type="checkbox"/>
<b>High School</b>	<input type="checkbox"/>
<b>College</b>	<input type="checkbox"/>

What is your Religion? \_\_\_\_\_

What is the name of your parish? \_\_\_\_\_

Are you (Parent/Guardian) your father or grandfather a member  
of the Knights of Columbus? (Check one)

YES

NO

If Yes: Member Name \_\_\_\_\_

Member number \_\_\_\_\_

Name and Number of Council \_\_\_\_\_

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APPLICANT NAME: \_\_\_\_\_

What is the school the applicant will be attending in 2026?

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) **OR** your latest total report card score/average \_\_\_\_\_

List any Academic Honors (Example: School Club, societies-list office/rank if applicable) \_\_\_\_\_  
\_\_\_\_\_

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## Leadership

List any non-academic recognition you have received:

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List Offices or Special Positions you hold (not work related)

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**Extra-Curricular:** (currently active) (Example: School Clubs, Societies-list officer/rank if applicable)

Clubs \_\_\_\_\_

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Sports \_\_\_\_\_

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Music \_\_\_\_\_

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Work \_\_\_\_\_

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APPLICANT NAME: \_\_\_\_\_

**Essay – Please write one or two paragraphs below about your hopes and desires in attending Catholic school. Use additional pages if needed.  
Parents welcome to assist children K-4**

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Parent/Guardian Signature

\_\_\_\_\_ Date: \_\_\_\_\_

Student Signature

\_\_\_\_\_ Date: \_\_\_\_\_

**Send hardcopy completed forms to:**

**Piermont Knights of Columbus**

**PO Box 1**

**Piermont, N.Y. 10968**

**Or download form at: <https://Piermontknights.org>**

**and email completed applications to: [albanfischolarship@gmail.com](mailto:albanfischolarship@gmail.com)**

**Scholarship recipients must reapply each year.**