

Knights of Columbus
Newfoundland & Labrador State Council
Dorothy M. & William J. Channing Scholarship

Name of Applicant _____

Address _____

Postal Code _____

Telephone # _____ E-mail address _____

Student (MCP) Number _____

Names of Parents/Grandparents _____

Educational Institution where scholarship will be used _____

I affirm that I have read and understand the Rules of Eligibility and I accept and agree to these Rules. I have included all required Documentation with this application:

Date _____ Signature of Applicant _____

Membership Verification

I hereby certify that _____ (name of member/father/grandfather) Membership # _____

Is a member of Knights of Columbus Council # _____
In good standing (or was at the time of death).

Signature of Grand Knight Signature of Financial Secretary