
MSGR. THOMAS L. GREYLISH, ASSEMBLY

4TH DEGREE
KNIGHTS OF COLUMBUS

DATE _____

PERCIVAL AVENUE
KENSINGTON, CONNECTICUT 06037

ECUMENICAL

SCHOLARSHIP APPLICATION FORM

CRITERIA:

1. Community, Service and other Activities - 25%
2. Need - 40%
3. Performance - 35%

QUALIFICATIONS:

1. Resident of Town of Berlin (Kensington, Berlin, and East Berlin)
2. Full senior year, 12th grade, in school from which being graduated

NOTE: Any approved secondary school is acceptable

Application must be returned to the Magr. Greylish, 4th Degree, Knights of Columbus Ecumenical Community Scholarship Fund Committee, P.O. Box 262, Percival Avenue, Kensington, Connecticut, 06037, no later than APRIL 15TH.

Applicant's Name: _____

Address: _____

Father or Guardian's Name: _____

Occupation of above: _____ Income: _____

Where Employed: _____

Mother's Name: _____

Occupation: _____ Income: _____

Where Employed: _____

List members of family and ages: _____

List in order the colleges or universities to which you have applied

Please indicate with a (*) which school(s) you have been accepted.

1. _____
2. _____
3. _____
4. _____

Anticipated Major: _____

Anticipated Yearly Expense: \$ _____

Anticipated Yearly Income: \$ _____

1. Record of participation in extracurricular activities, service and otherwise:

2. Out of school activities (clubs, town, religious activities, awards, etc.):

3. Statement of need: Why do you want this scholarship.

4. List any honors you have received for excellence in school work:

5. Give a brief description stating why you chose your particular field of study.

Please attach a transcript of your high school grades.

The student to whom the scholarship award is granted agrees that it will be paid directly to the school of his or her choosing. Failure to attend the named institution will result in a forfeiture of the award.

I give the scholarship committee permission to secure any additional information from any source necessary for the completion of the investigation of my application.

Signature of Applicant

Approved _____
Signature of Parent of Guardian

Date _____

*****FOR COMMITTEE USE ONLY*****

The scholarship committee met on _____
Date

_____ has accepted

_____ has not accepted

this applicant

Signature of Chairman

Reviewed and Approved By _____