



Knights of Columbus

Monsignor Thomas L. Greylish Council, No. 3675

P.O. Box 262

Kensington, Connecticut 06037

ALFRED GRECO MEMORIAL

SCHOLARSHIP

SCHOLARSHIP APPLICATION FORM

CRITERIA

1. Scholastic Performance – 40%
1. Community Service and other activities – 25%
2. Need - 35%

QUALIFICATIONS

1. Father or Grandfather must be a Knights of Columbus member who is in good standing.
2. Must complete full senior year from the school that you will be graduating.

NOTE: Any approved secondary school is acceptable.

Application must be returned to: Msgr. Greylish Council 3675
Knights of Columbus Scholarship Fund Committee
P.O. Box 262,
Kensington, CT 06037

Due no later than

Applicant's Name:

Address:

Father/Guardian's Name:

Occupation of above:

Place of employment:

Mother's Name:

Occupation:

Place of employment:

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 for the AFRED GRECO SCHOLARSHIP AWARD

Signature of Chairman

Reviewed and Approved By _____
Grand Knight