



KNIGHTS OF COLUMBUS CONNECTICUT STATE COUNCIL SCHOLARSHIP

To The Applicant:

The following Rules of Eligibility shall govern the Connecticut State Council Knights of Columbus scholarship:

1. An eligible candidate for the Connecticut State Council Knights of Columbus scholarship shall be either:
 - a. the son or daughter of either a member in good standing or a deceased Knight who was in good standing at the time of his death
 - b. a member of the Knights of Columbus in good standing
 - c. a member of the Columbian Squires in good standing
2. All candidates for this scholarship shall be entering the freshman year in an approved undergraduate college or university in the United States as a regular, full time matriculated student in a program leading to a Bachelor's Degree.
3. An official transcript of high school grades including the first half of the senior year and scores of the Scholastic Aptitude Test of the College Examination Board Tests (or the American College Testing Program) is to be included with the application.
4. An autobiographical statement including educational objectives and goals must accompany this application.
5. **Two letters of recommendation in sealed envelopes** from a teacher, counselor, administrator, pastor or community leader shall be included with the application or sent to the Scholarship Committee under separate cover. The applicant's name is to appear in the lower left hand corner of the envelope.
6. Awards will be made on the basis of academic excellence, extra curricular activities, and church and community activities. The scholarship is limited to cover the freshman year of the applicant. The scholarship is nonrenewable.
7. **All completed applications with membership verification by the Financial Secretary as well as all supporting documents required in numbers 3, 4, and 5 must be received by March 1. There is no period of grace**
8. The decision of the State Council's Scholarship Committee shall be final. Scholarship recipients will be notified no later than May 1.

Completed applications are to be submitted to:

James W. Ciaglo Jr., Scholarship Chairman
565 Old Hartford Rd.
Colchester, CT 06415

School Organizations Including Athletics (indicate years of participation and any offices held):

Church and/or Community Organizations (include years of membership and any offices held):

Volunteer Church and/or Community Service (indicate years of service):

Awards, Honors, and Other Personal Achievements:

I have read in their entirety the Rules of Eligibility printed on this application and I hereby accept and agree to these rules. The information given in this application I affirm to be true and complete

Signature of Applicant

I hereby consent to the filing of this application and accept the aforesaid Rules of Eligibility.

Signature of Parent

To Be Completed By A School Official:

Name of School _____

Address _____

City/State _____ Zip Code _____

Telephone _____

Name of Principal _____

Applicants Cumulative Average _____

Class Size _____

Please include an official transcript including SAT or ACT scores, and class rank (if applicable) with this application.

The above information has been submitted by:

Signature

Title

Date

To Be Completed By The Financial Secretary:

MEMBERSHIP VERIFICATION

Council Name _____

Address _____

City/State _____ Zip Code _____

Name of Grand Knight _____

1. If the applicant is a son or daughter of a Knight of Columbus:

Name of Father _____ whose membership number is
_____ is in good standing on the records of Council Number _____.

Signature of Financial Secretary
Date _____

2. If the applicant is the son or daughter of a deceased Knight:

I hereby certify that _____ whose membership number
is _____ was in good standing on the records of Council Number _____ at
the time of his death.

Signature of Financial Secretary
Date _____

3. If the applicant is a member of the Knight of Columbus or a Columbian Squire:

I hereby certify that Brother _____ whose membership number
is _____ is in good standing on the records of Council/Circle Number _____.

Signature of Financial Secretary/Chief Counselor
Date _____