Knights of Columbus
West Virginia Knights of Columbus
Scholarship Foundation

Knights of Columbus WV State Council Scholarship Application

(This form to be completed by the applicant only)

Name: _____ Date: ____/____/____
(Last, First, MI)

Home Address: _____

Telephone: _____ E-mail: _____

Father's Name and Number: _____

Council Name and Number: _____

Place of Employment: _____

_____

Mother's Name: _____

Place of Employment: _____

_____

Siblings Name: Age:

_____ _____

_____ _____

_____ _____

_____ _____

Name of Parish: _____

Pastor's Name and Address: _____

_____

What College do you plan to attend? _____

How do you plan to pay the tuition and other costs? _____

_____

Applicant Signature: _____ Date: ____/____/____

To be considered, return a completed packet by the due date stated in the instructions document.