



KNIGHTS OF COLUMBUS SILVER CITY COUNCIL NO. 2 HIGH SCHOOL SCHOLARSHIP APPLICATION

To the Applicant:

The following Rules of Eligibility shall govern the Silver City Council No. 2 Knights of Columbus Scholarship:

1. An eligible candidate for the Silver City Council No. 2 Knights of Columbus Scholarship shall be either (1) a practicing Catholic and resident of Meriden, Connecticut, or (2) a practicing Catholic who is the child or grandchild of a member in good standing of Silver City Council No. 2 or the Father McGivney Assembly No. 102, Fourth Degree, Knights of Columbus, regardless of the applicant's town of residence.
2. All candidates for this scholarship shall be entering the freshman year in an accredited Catholic high school or enrolled in an approved Catholic home school high school curriculum.
3. An autobiographical essay including your educational objectives and goals must accompany this application.
4. **Two letters of recommendation in sealed envelopes** from a teacher, counselor, administrator, pastor or community leader must 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.
5. Awards will be made on the basis of academic excellence, extracurricular activities and church and community activities. The scholarship is limited to the freshman year for students entering a Catholic high school and is not renewable.
6. All completed applications **ON THE ORIGINAL APPLICATION FORM** must be postmarked by May 1. There is no grace period; late applications cannot be accepted.
7. The decision of the Silver City Council No. 2 Knights of Columbus Scholarship Committee shall be final. Scholarship recipients will be notified no later than June 1.
8. **Applications must be mailed to Knights Columbus, P.O. Box 688, Meriden, CT 06450. Applications must be postmarked by May 1.**



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Volunteer church and/or community service (continued):

Awards, honors or 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. I affirm that the information provided on this application is 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/Guardian

Printed Name of Parent/Guardian

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PAGE 4 OF 4 - TO BE COMPLETED BY THE SCHOOL OFFICIAL:

Name of School: _____

Address: _____

City/State: _____ ZIP Code: _____

Telephone: _____

Name of Principal: _____

Applicant's Cumulative Grade Point Average: _____

Applicant's Class Size: _____

For the student to be eligible for consideration for this scholarship, the school must provide an official transcript with this application.

The above information is submitted by:

Signature

Print Name

Print Title

Date

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