



Knights of Columbus

St. John the Evangelist Council 11421

APPLICATION FOR SCHOLARSHIP

Full Name _____

Address _____

Telephone _____ Date of Birth _____

High School _____ Graduation Yr _____

EDUCATIONAL HISTORY

SAT Score _____ ACT Score _____ GPA _____

College/Vocational School Attending _____

SUPPORTING INFORMATION:

1. Applicant **MUST** be a registered member of St John the Evangelist Church.
2. A 500 word ***or less*** essay on your goals, plans, and why you should receive this scholarship **MUST** be attached. Please **DO NOT** identify yourself by name in the essay.
3. Attach a separate list of Honors, Awards, Offices Held, Work Experience, Volunteer Experience and Extracurricular Activities.
4. Attach two (2) letters of recommendation from someone who knows you well (not a family member) such as a teacher, school administrator, counsellor, coach, clergy, catechist, employer, etc.
5. Application **MUST** be submitted to the Church Office in a sealed envelope marked “ATTN: RON SAWCHUK” by 4:00 pm on May 31, 2024.