



Knights of Columbus
West Virginia Knights of Columbus
Scholarship Foundation

Knights of Columbus Wheeling Jesuit University Scholarship Application

(This form is to be completed By the Applicant Only)

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

Home Address: _____

Telephone: _____ E-mail: _____

Father's Name: _____

Council Name and Number: _____

Place of Employment: _____

Mother's Name: _____

Place of Employment: _____

Siblings:	<u>Name</u>	<u>Age</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Name of Parish: _____

Pastor's Name and Address: _____

When do you plan to enter WJU? _____ Tuition & Other Costs? _____

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

Applicant's Signature: _____

In order to be considered, return application by the due date stated in the instruction document.