



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	<u>Name:</u>	<u>Age:</u>
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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: ____/____/____

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