

Knights of Columbus - Aptos Resurrection Council #9580

Academic Scholarship Application for High School Seniors who are members of the Resurrection Catholic Community

Application deadline: MAY 1st, 2024 Please type or print all information except for signatures.

Namo	APPLICANT DAT		th	
Name		Date of bit		
Home Mailing Address Address	City	Stato	Zip Code	
			-	
Telephone ()	Cell Pho	one ()		
E-Mail address				
High School:				
PARENT	OR GUARDIAN IN	FORMATION		
Name				
Home Mailing Address (if different from a	above)			
Telephone () E-Mail address				
C	OLLEGE INFORMA	TION		
In what field of study are you interested?				
What is your career or professional goal?				
Which college or school are you most likely to	o attend?			
(OTHER INFORMAT	ΓΙΟΝ		
Do you confirm that you are an active me	mber of Resurrecti	on Parish? ye	s /no.	
Have you been involved in the Resurrection Youth Group? yes*/no.				
Are you or is a close relative a member of	Aptos Resurrectio	n Council, K of C?	yes*/no.	
Are you going to attend a Seminary or a re	eligious house of fc	ormation? yes	*/no.	
Do you have a special need for financial as	ssistance? y	ves*/no.		
* If the answer to this question is "yes," plea	ase use an addition	al sheet of paper to p	rovide details.	

SCHOOL ACTIVITIES - Describe the high school sports, organizations and activities in which you have participated. *If needed for any topic, you may use an additional sheet of paper to provide details.*

Describe the **COMMUNITY SERVICES / VOLUNTEER ACTIVITIES** in which you have participated.

List any High School academic **HONORS/AWARDS** you have received.

Describe your WORK EXPERIENCE?

ATTACH AN ESSAY - On a separate sheet of paper please submit a one-page **essay** that gives us some insight into who you are and what you want to be. Tell us about yourself. You can write about your experiences, goals, qualities, interests, all of the above, none of the above, or whatever you want to communicate.

ATTACH AN UP-TO-DATE OFFICIAL TRANSCRIPT AND RECENT PHOTO.

I hereby authorize the release of this Scholarship Application and my academic records to the Scholarship Committee. I certify that all information provided is true to the best of my knowledge.

Applicant's signature	Date
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Parent's Signature _____ Date _____

The applicant and at least one parent or guardian must sign for this scholarship application to be evaluated.

Completed applications and attachments may be delivered to the Parish office, or mailed to: Knights of Columbus Council #9580 PO Box 2322 Aptos, CA 95001-2322