

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, 2025 Please type or print all information except for signatures.

Name	APPLICANT DATA	Date of Bir	rth
Homo Mailing Addross			
Home Mailing AddressAddress	City	State	Zip Code
Telephone ()	Cell Phone ()	
E-Mail address			
High School:			
PARENT	OR GUARDIAN INFORM	ATION	
Name			
Home Mailing Address (if different from a	bove)		
Telephone ()	E-Mail addre	ess	
CO	OLLEGE INFORMATION		
In what field of study are you interested?			
What is your career or professional goal?			
Which college or school are you most likely to	attend?		<u> </u>
(OTHER INFORMATION		
Do you confirm that you are an active men	nber of Resurrection Par	ish?y	es /no.
Have you been involved in the Resurrection	on Youth Group?y	ves*/no.	
Are you or is a close relative a member of	Aptos Resurrection Coun	icil, K of C?	yes*/no.
Are you going to attend a Seminary or a re	eligious house of formatio	on? ye	s*/no.
Do you have a special need for financial as	ssistance?yes*/no).	
* If the answer to this question is "yes," plea	ase use an additional shee	t of paper to p	provide details.

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
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:

SCHOOL ACTIVITIES - Describe the high school sports, organizations and activities in which you have

Knights of Columbus Council #9580
PO Box 2322
Aptos, CA 95001-2322