



Knights of Columbus – Aptos-Resurrection Council #9580

Academic Scholarship Application for High School Seniors
who are members or have family members of
Resurrection Catholic Community, preferred

Application deadline: APRIL 15, 2026 *Please type or print all information except for signatures.*

APPLICANT DATA

Name _____ Date of Birth: ____ / ____ / ____

Home Mailing Address _____
Address _____ City _____ State _____ Zip Code _____

Phone (____) _____ E-Mail address _____

High School: _____ Graduation Date: ____ / ____ / ____

PARENT OR GUARDIAN INFORMATION

Name _____

Home Mailing Address (if different from above) _____

Phone (____) _____ E-Mail address _____

COLLEGE 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? _____

OTHER INFORMATION

Do you confirm that you or a family member are active members of Resurrection Parish? Yes*/No.

Have you been involved in the Resurrection Youth Group? Yes*/No.

Are you or a close relative a member of KofC Aptos-Resurrection Council? Yes*/No.

Are you going to attend a Seminary or a religious house of formation? Yes*/No.

Do you have a special need for financial assistance? Yes*/No.

** If the answer to this question is "Yes," please use an additional sheet of paper to provide 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 (single-sided) **essay** that gives us some insight into who you are and what you want to be.

ATTACH A MOST RECENT 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 or Guardian's Signature _____ Date _____

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

Completed applications and attachments may be delivered to the Parish office, or mailed to:

Knights of Columbus
Aptos-Resurrection Council 9580
P.O. Box 2322
Aptos, CA 95001-2322
Questions?
Contact Larry Young at 831-818-5083 or
Email to LYoungAptos@gmail.com