## St. Matthias Knights of Columbus Council 16945 Scholarship Application Form

Scholarship Amount: \$1,000

### **Eligibility Requirements:**

- Applicant must be the dependent or grandchild of a registered member of St. Matthias Knights of Columbus Council 16945 or the dependent of a registered member of St. Matthias Parish in Crown Point, Indiana.
- Applicant must be a high school senior graduating in 2024.
- Applicant must be planning to attend a 2 to 4 year accredited college or university or an accredited trade school for the 2024-2025 academic year.
- Applicant must demonstrate good citizenship.
- Applicant must have acceptable scholastic records.
- Applicant must show an active interest in school, community, and church activities.
- Applicant must be a practicing Catholic.

**Application Deadline:** All applications must be submitted between January 1, 2024 and April 1, 2024.

## **Application Checklist:**

Please ensure that you have completed all the following steps:

- Fill out this scholarship application form completely and legibly.
- Provide a copy of your most recent high school transcript.

- Write an essay of up to 500 words explaining your involvement in school, community, and church activities, and how you have demonstrated good citizenship.
- Include two letters of recommendation. One should be from a teacher or school administrator, and the other should be from a community leader or clergy member.
- Submit your application and all supporting documents by the application deadline.

Please check one			
☐ Application for dependent or grandchild of a registered member of St. Matthias Knights of Columbus Council 16945			
☐ Application for the dependent of a registered member of St. Matthias Parish in Crown Point, Indiana			
Personal Information:			
Full Name:			
Date of Birth: Phone Number:			
Address:			
City: State: ZIP Code:			
Email Address:			

# Name of registered member of St. Matthias Knights of Columbus Council 16945: (if applying for this scholarship)

Name:			
Parent/Guardian Information: (must be a registered member of St. Matthias Parish in Crown Point, Indiana)			
Parent/Guardian Na	ıme:		
Parent/Guardian Ph	one Number:		
Email:			
Education:			
High School Name:			
High School Addres	s:		
City:	_State:	ZIP Code:	
Graduation Date:		_	
Intended College/University/Trade School:			

## **Essay:**

Please write a 500-word essay addressing your involvement in school, community, and church activities, as well as how you have demonstrated good citizenship.

#### **Letters of Recommendation:**

Please provide the names and contact information for the individuals who will be submitting letters of recommendation on your behalf.

•	Teacher/School Administrator:
•	Community Leader/Clergy Member:
Sigr	nature:
appl I und cons	reby confirm that all the information provided in this ication is accurate and complete to the best of my knowledge derstand that any false information may disqualify me from sideration for the St. Matthias Knights of Columbus Council 45 Scholarship.
Арр	licant's Signature:

Please submit your completed application and all supporting documents by **April 1**, **2024** to:

Jim Lambert 455 Northgate Dr Crown Point, IN 46307-2626

Date:

For any questions or additional information, please contact us at our website: https://kofccp.org/contact.html