



### **Application Form**

Fort Bend Knights of Columbus #2801 Memorial Scholarship Program Applications accepted 2/1/2025 thru 5/31/2025.

#### TERMS AND CONDITIONS

- 1. The applicant must be the legal child, grandchild, to include stepchildren and step grandchildren of any council member held to be in good standing with the Council, or any deceased member K of C Council #2801 held to be in good standing at time of death. The active brother knight must have dues paid up thru the date of making application for the scholarship.
- 2. Applicants must submit the following data for consideration:
  - a. A completed and signed application,
  - b. A written essay, on the subject of what "service to others" means to them, detail what the applicant has done to serve others and describe what impact "service to others" has had in their lives. This essay must not exceed two type written pages. There shall be no reference to your name or the names of any family members within or on your essay; otherwise, your application will be disqualified.
- 3. Applicant must be a graduating high school senior or a full-time student at any accredited college or trade school at the time application is submitted.
- 4. Applicant must be working toward a degree or the completion of a recognized course of study, be in good scholastic standing, have and maintain a 2.5 overall GPA, maintain a minimum of 12 semester hours or its equivalent, exhibit good character.
- 5. Applicant must submit to an interview if requested.
- 6. Scholarships will be awarded to applicants in amount/amounts approved by the scholarship committee of the Knights of Columbus Council #2801.
- 7. Applications and essays must be received between February 1 and May 31 of each scholarship year. Applications will not be accepted after 6 P.M. on May 31<sup>st.</sup>
- 8. Award of scholarships will be made at the annual KC Council #2801 Officers installation ceremony in the summer months of each year. Scholarship recipients, their parents and their Knights of Columbus sponsor member shall be notified and should make every effort to attend this ceremony.



9. Any questions or issues concerning the program shall be directed to the Scholarship Committee Members. All decisions from the scholarship committee of the Knights of Columbus Council # 2801 are final.

## Section 1:

## **APPLICANT INFORMATION:**

NAME		
LAST	FIRST	MIDDLE
PRESENT ADDRESS		
BIRTHDATE:		
SOCIAL SECURITY NO.:		
HOME PHONE NO.	WORK PHONE NO.	CELL NO.
EMAIL ADDRESS		
EDUCATION:		
<u>HIGH SCHOOL</u>		
NAME OF SCHOOL:		
LOCATION OF SCHOOL [CITY]: _		
YEARS ATTENDED:		
YEAR GRADUATED:	GRADE POINT AVERAGE:	



# Section 2:

## COLLEGE/UNIVERSITY/TRADE SCHOOL

ADDRESS HOME PHONE NO. OFFICE/CELL NO. EMAIL ADDRESS EMPLOYER FATHER:	WHERE DO YOU PLAN TO ATTEND COLLEGE/UNIVERSITY/TRADE SCHOOL?		
SCHOOL, PLEASE INCLUDE A COPY OF LAST SEMESTER'S TRANSCRIPT.  DEGREE/COURSE OF STUDY:			
PARENT/GUARDIAN INFORMATION:  MOTHER:  LAST FIRST M  ADDRESS  HOME PHONE NO. OFFICE/CELL NO.  EMAIL ADDRESS  EMPLOYER  FATHER:  LAST FIRST M  ADDRESS  HOME PHONE NO. OFFICE/CELL NO.  EMAIL ADDRESS			
PARENT/GUARDIAN INFORMATION:  MOTHER:  LAST FIRST M  ADDRESS  HOME PHONE NO. OFFICE/CELL NO.  EMAIL ADDRESS  EMPLOYER  FATHER:  LAST FIRST M  ADDRESS  HOME PHONE NO. OFFICE/CELL NO.  EMAIL ADDRESS	DEGREE/COURSE OF STUDY:		
MOTHER:  LAST FIRST M  ADDRESS  HOME PHONE NO. OFFICE/CELL NO.  EMAIL ADDRESS  EMPLOYER  FATHER:  LAST FIRST M  ADDRESS  HOME PHONE NO. OFFICE/CELL NO.  EMAIL ADDRESS	Section 3:		
LAST FIRST M ADDRESS HOME PHONE NO. OFFICE/CELL NO. EMAIL ADDRESS EMPLOYER FATHER: LAST FIRST M ADDRESS HOME PHONE NO. OFFICE/CELL NO. EMAIL ADDRESS	PARENT/GU	ARDIAN INFORMATIO	<u>N</u> :
ADDRESS HOME PHONE NO.  EMAIL ADDRESS  EMPLOYER  FATHER:  LAST  FIRST  M  ADDRESS  HOME PHONE NO.  OFFICE/CELL NO.	MOTHER:		
HOME PHONE NO.  EMAIL ADDRESS  EMPLOYER  FATHER:  LAST  FIRST  M  ADDRESS  HOME PHONE NO.  OFFICE/CELL NO.  EMAIL ADDRESS	LAST	FIRST	MIDDLE
EMAIL ADDRESS  EMPLOYER  FATHER:  LAST FIRST M  ADDRESS  HOME PHONE NO. OFFICE/CELL NO.  EMAIL ADDRESS	ADDRESS		
EMPLOYER  FATHER:  LAST FIRST M  ADDRESS  HOME PHONE NO. OFFICE/CELL NO.  EMAIL ADDRESS	HOME PHONE NO.	OFFICE/CELL NO.	
EATHER:  LAST  FIRST  M  ADDRESS  HOME PHONE NO.  OFFICE/CELL NO.  EMAIL ADDRESS	EMAIL ADDRESS		
LAST FIRST M ADDRESS HOME PHONE NO. OFFICE/CELL NO. EMAIL ADDRESS	EMPLOYER		
ADDRESS HOME PHONE NO. OFFICE/CELL NO. EMAIL ADDRESS	FATHER:		
HOME PHONE NO. OFFICE/CELL NO. EMAIL ADDRESS	LAST	FIRST	MIDDLE
EMAIL ADDRESS	ADDRESS		
	HOME PHONE NO.	OFFICE/CELL NO.	
EMPLOYER	EMAIL ADDRESS		
	EMPLOYER		



Section 4:  SPONSOR INFORMATION:	(Must be Member of Council 2801)
NAME:	Transfer of Council 2001,
MEMBER NO.	
ADDRESS:	
PHONE NO.:	
EMAIL ADDRESS:	
Section 5: Acknowledgment:	
To the best of our knowledge, the information provided is accurate. We understand that any material misrepresental disqualify the application. We have read and understand Fort Bend Knights of Columbus #2801 Memorial Scholar abide by them.	tion of information shall serve to the terms and conditions of The
APPLICANT SIGNATURE	DATE
PARENT/GUARDIAN SIGNATURE	DATE



## **ESSAY INSTRUCTIONS:**

On separate cover, please submit your essay on what "service to others" means to them; describe "what the applicant has done to serve others and what impact service to others has had in their lives". This essay should be no more than two typewritten pages. There shall be no reference to your name or the names of any family members in your essay, or the application will be disqualified.

APPLICATION AND ESSAY MUST BE RECEIVED NO LATER THAN MAY 31, 2021

### Submit applications and essays to:

Fort Bend Knights of Columbus #2801 Memorial Scholarship Program

c/o Bernie Brezina 4835 Pecan Creek Circle Richmond, Tx 77406 Phone 713-826-2528

\*Or KC 2801 member may bring to monthly Council Meeting\*