

**KNIGHTS OF COLUMBUS  
SANTA BARBARA COUNCIL #1684  
SCHOLARSHIP APPLICATION**

**Student's General Information**

Student Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Parent/Guardian Contact Information**

Parent Name(s): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Academic Background**

Name of School: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_ G.P.A.: \_\_\_\_\_

**Knight of Columbus Member Relationship**

Relationship of student applicant to a Knights of Columbus member: (Check One)

- Child       Grandchild       Niece       Nephew       Cousin       Not Related

**To Be Completed by the Financial Secretary of the Council:**

Knights of Columbus Member is in good standing with their Council: (Check One)     YES     NO

**Personal Statement**

Describe your academic performance. Indicate any awards of distinction received for academics and/or leadership. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your involvement in activities outside of the classroom. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

