



MSGR. Francis X. Coyle
Knights of Columbus
Council #5560

HIGH SCHOOL SCHOLARSHIP APPLICATION 2017

Please type your answers.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address Street: _____ City: _____ State: _____ Zip: _____
3.	Daytime Telephone Number: () _____ Email Address: _____
4.	Date of Birth: Month Day Year Gender: _____
5.	A. Current report card with at least 3 marking periods. B. Letter of recommendation from a faculty member.
6.	Name and address of grade school attending: _____
7.	Name and address of Catholic high school you are planning on attending in the fall: _____
8.	Name & address of parent(s) or legal guardian(s): (Include address if different than your own listed in Question 2.) Name(s) : _____ Street: _____ City: _____ State: _____ Zip: _____ Home phone of parents or legal guardians: _____ Work phone: _____

9. On a separate sheet please provide a typed essay (250 - 500 words) answering the questions below:

Why you desire to attend a Catholic High School. Also, discuss in your essay about any challenges or obstacles you have dealt with and overcome in life and how this will help you succeed in high school and beyond.



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STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to the MSGR Francis X. Coyle Knights of Columbus Scholarship Committee, I must be present at any potential awards ceremony, surprise, or reception to receive my scholarship award.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ **Date:** _____

Checklist

- ___ Application
- ___ Essay
- ___ School Transcript

MAIL COMPLETE APPLICATION PACKAGE TO:
MSGR Francis X. Coyle Knights of Columbus
Scholarship Committee
P.O. Box 251
Springfield, NJ 07081-0251

REMINDER:
The deadline for this application to be received is:
June 30, 2017, 4:00 p.m. NO EXCEPTIONS!