

Dear Applicant:

The Circle 79 Daughters of Isabella and the Council 822 Knights of Columbus of St. Joseph Parish will this year award a one-time \$1500 scholarship. The scholarship is open to any 2017 graduating member of the St Joseph's parish, for post high school training at an accredited school or college.

Attached are forms for you to complete and instructions regarding other material you will need to provide in applying for this scholarship.

After completing the scholarship application, please return all forms and requested materials to your school counselor by the date he/she designates. Completed applications must be in my hands no later than 01 May 2017. Applications can be dropped off at the Knights of Columbus hall or they can be mailed to the hall, at the address below, **Attention Scholarship Committee.**

Selection of the recipient of this scholarship will be made on the basis of the attached application, your scholarship record, your personal letter, and your need for assistance. Consideration cannot be given to applications which are incomplete or late.

PLEASE NOTE: We do NOT request and do NOT accept letters of recommendation from your priest, counselor, employers, teachers, etc. Your counselor will complete his/her form with information he/she feels is pertinent to helping us in our selection process.

The scholarship will be presented at the recipient's school award program.

Please be advised that payment of this scholarship is made to the student AND the college of the student's choice in the fall.

We wish you God's blessings in your future endeavors.

Sincerely,

Laura Stieneker, Chairperson
D of I/K of C Scholarship Committee
413 E. South Street
Shelbyville, IN 46176
317/512-1876

**2017 DAUGHTERS OF ISABELLA CIRCLE #79
KNIGHTS OF COLUMBUS #822
SCHOLARSHIP**

ATTACH THE FOLLOWING TO YOUR APPLICATION:

- ☒ List of high school activities in which you have participated. Include honors, clubs, sports, offices held, band, etc. and years in which each was participated.**
- ☒ List of church and community activities.**
- ☒ Statement from your high school counselor. Use the counselor form included.**
- ☒ Letter written by you stating, IN 200 WORDS OR LESS,
a. your need for assistance,
b. your plans for a career after college, and
c. where you plan to live after college.**
- ☒ Your high school transcript.**
- ☒ Photograph of yourself.**

**2017 DAUGHTERS OF ISABELLA CIRCLE #79
KNIGHTS OF COLUMBUS #822
SCHOLARSHIP APPLICATION**

NAME _____

Home address _____ City _____
State _____ Zip _____

Date of Birth _____ High School you attend _____

Mother/Stepmother's name _____ Occupation _____

Mother/Stepmother's address _____

Father/Stepfather's name _____ Occupation _____

Father/Stepfather's address _____

Guardian's name _____ Occupation _____

Guardian's address _____

Are you a practicing Catholic? _____ Which parish? _____

Have you been confirmed? _____ When/Where? _____

Is your Mother/Stepmother/Guardian a D of I member? _____

Is your Father/Stepfather/Guardian a K of C member? _____

What college/university do you plan to attend? _____ City _____

Have you been accepted to the above college/university? _____

Cost of tuition per year _____ Cost of room/board per year _____

Proposed college MAJOR _____ MINOR _____

High School MAJOR _____ MINOR _____

SAT scores: Total _____ Reading _____ Math _____ Writing _____

ACT score: _____

Rank in high school class? _____ in a class of how many? _____

Number of children at home (including you) _____

Number of children in your home who will be in college this year (2017 – 2018)
(including you) _____

Will either of your parents be in college this year (2017-2018)? _____

If sibling and/or parent are in college, do they receive scholarships or financial reimbursements for their education? _____

Do you have any assurance of scholarships or grants in aid? _____

Source _____ Amount _____

Is this a one-time only or yearly award? _____

Source _____ Amount _____

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Source _____ Amount _____

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Source _____ Amount _____

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Source _____ Amount _____

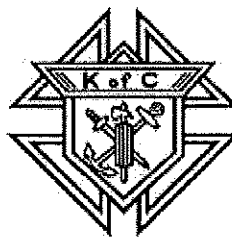
Is this a one-time only or yearly award? _____

Source _____ Amount _____

Is this a one-time only or yearly award? _____

How do you plan to finance your education?

Will you be applying for a student loan? _____ Have you filed an FAFSA?



**2017 DAUGHTERS OF ISABELLA/KNIGHTS OF COLUMBUS
SCHOLARSHIP**

COUNSELOR INFORMATION

Please complete this information on behalf of:

Student's name _____

Rank in class # _____ in a class of _____

Will this applicant receive any other scholarships or awards? _____

Source _____ Amount _____

Is this a one-time award or a yearly award? _____

Source _____ Amount _____

Is this a one-time award or a yearly award? _____

Source _____ Amount _____

Is this a one-time award or a yearly award? _____

Source _____ Amount _____

Is this a one-time award or a yearly award? _____

Pertinent information concerning this applicant and his/her need for financial assistance and/or any extraordinary circumstances in the family which might hinder this applicant from furthering his/her education:

Counselor signature

Please include this form with scholarship application before mailing.

Award Program date and time: _____