

# SANCTA FAMILIA SCHOLARSHIP APPLICATION

NAME	PHONE NUMBER		
ADDRESS			
E-MAIL ADDRESS			
CURRENT SCHOOL		GRADE	
NAME OF SCHOOL GUIDANCE COUNSELOR		TEL #	
REGISTERED HOLY FAMILY PARISHIONER? (Y/N) _			
IS A FAMILY MEMBER AN ACTIVE KNIGHT OF COLU	JMBUS OR COLUMBIAN SQUIRE? (Y/N)	HIS NAME	
K OF C COUNCIL NUMBER	STATE YOUR RELATIONSHIP TO I	MEMBER	
1.1 ATTACH TRANSCRIPT (SEALED). 1.2 ATTACH LETTERS OF RECOMMENDATION ( 1.3 ATTACH COPIES OF ANY AWARDS AND COI 1.4 ATTACH DOCUMENTATION OF COMMUNITY 1.5 ATTACH DOCUMENTATION OF CHURCH, PA 1.6 ATTACH YOUR ANSWER TO THE QUESTION CHRISTIAN IN THE WORLD OF HIGH SCHOOL	SEALED BY AUTHOR) MMENDATIONS Y SERVICE ACTIVITIES ARISH OR DIOCESAN ACTIVITIES N: "HOW WILL YOUR CATHOLIC EDUCATION		
2. \$ 500. COLLEGE FRESHMAN (HIGH SCHOOL COLLEGE ATTENDING NEXT YEAR:  2.1 ATTACH TRANSCRIPT (SEALED)  2.2 ATTACH LETTERS OF RECOMMENDATION ( 2.3 ATTACH COPIES OF ANY AWARDS AND COI  2.4 ATTACH DOCUMENTATION OF COMMUNITY  2.5 ATTACH DOCUMENTATION OF CHURCH, PA  2.6 ATTACH YOUR ANSWER TO THE QUESTION	SENIOR ENTERING ANY COLLEGE)  SEALED BY AUTHOR) MMENDATIONS Y SERVICE ACTIVITIES ARISH OR DIOCESAN ACTIVITIES	YOU CONTINUE TO LIVE BY THE	
3. \$ 500. <b>COLLEGE UPPERCLASSMAN (2<sup>ND</sup>, 3<sup>RD</sup>,</b> STATE YEAR AND COLLEGE ATTENDIN	, <b>4<sup>TH</sup> YEAR COLLEGE STUDENT)</b> NG NEXT YEAR:		

- 3.1 ATTACH COPY OF YOUR COLLEGE REPORT CARD SHOWING LATEST CUMULATIVE GPA
- 3.2 ATTACH DOCUMENTATION OF COMMUNITY SERVICE ACTIVITIES
- 3.3 ATTACH YOUR ANSWER TO THE QUESTION: "WHAT CHALLENGES ARE YOU FACING AS A YOUNG CATHOLIC ADULT AND HOW CAN YOU ASPIRE TO HANDLE THEM IN THE NEAR FUTURE?" (USE 500 WORDS OR LESS)

### PERMISSION TO PUBLISH NAME & SCHOLARSHIP INFORMATION

#### Consent

I do hereby give Knights of Columbus Sancta Familia Council #11498 the rights to use my:

- Name
- Photograph
- Scholarship information (amount of scholarship, identification of schools graduating from and entering)

for reproduction in Knights of Columbus publications and their websites, as well as the local media. This material will only be used for activities related to the Knights of Columbus Sancta Familia Scholarship Fund.

Participant's Address:		
Date:	Dauticio autó si such us	
	Participant's signature	
	Participant's printed name	
Guardian's Consent if participant is under 18 years	s of age	
I am the parent or the legal guardian of the above-name the name, photograph, and scholarship information purs		nsent to the use of
I affirm that I have the right to issue such consent.		
Guardian's Address:		
Date:	Guardian's signature	-
	•	
	Guardian's printed name	

#### **ADMINISTRATIVE REQUIREMENTS:**

## This Scholarship is open only to registered parishioners of the Church Of The Holy Family, Sewell, NJ.

All applicants are required to endorse the above permission to publish name & scholarship information consent form. Failure to complete this form or failure to provide all of the other noted required documents will result in the application's rejection.

COMPLETED APPLICATIONS MUST BE POSTMARKED NO LATER THAN APRIL 21, 2017.

SEND COMPLETED APPLICATIONS TO:

SANCTA FAMILIA SCHOLARSHIP FUND C/O R. STARRANTINO 229 CLAIBORNE WAY SEWELL, NJ 08080

CALL 856-589-3432 WITH ANY QUESTIONS.