



## Greenwich Knights of Columbus Orinoco Council #39 2025 Scholarship Application

**ALL PAGES MUST BE COMPLETED BY ALL APPLICANTS - NEW & RENEWAL**

*Return this application to the Knights of Columbus by May 3, 2025*

The Greenwich Knights of Columbus Orinoco Council #39 annually awards scholarships to high school graduates, either public or private, in the amount of \$1,000.00. This scholarship is to aid the recipient in furthering their education beyond high school. The Trustees of the Scholarship Committee will review each candidate and the recipients will be chosen. The candidates will be selected based on academic performance, co-curricular activities, community service and financial need will be considered.

Rules of Eligibility:

1. An eligible candidate for a Greenwich Knights of Columbus Orinoco Council #39 scholarship shall be a high school graduate, either public or private.
2. An official transcript of high school grades, including the first half of the senior year, and if applicable a current official college transcript is to be sent to the Scholarship Committee.
3. An autobiographic statement, including a description of the applicant's extra-curricular and community activities as well as career objectives, must accompany this application (see Form C).
4. The scholarship aid will be sent directly to the recipient. A certified copy of acceptance to the institution named in this application must be received by the Scholarship Committee before payment will be made.
5. The decision of the Scholarship Committee shall be final. Recipients will be notified on or about June 30<sup>th</sup>.
6. Awards will be made based on financial need, academic excellence, extra-curricular activities, or community activities. The amount of the scholarship is \$1,000.00. The scholarship may be reconsidered upon annual re-application.
7. The final date for filing this application, as well as for the supporting document required is May 3, 2025.
8. The applicant will be responsible for submitting this application and official transcripts directly to the Scholarship Committee.
9. **All forms must be completed in full, or the application will be considered null and void.**

**FORM A**

Name of Applicant: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Address: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City/Town) (State) (Zip Code)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

I hereby apply for a Greenwich Knights of Columbus Orinoco Council #39 scholarship for the academic year beginning \_\_\_\_\_, 20\_\_\_\_\_.

To be used at: \_\_\_\_\_  
(Name of Institution)

\_\_\_\_\_  
(Address of Institution)

The information given in this application I affirm to be true and complete. I have read in their entirety the Rules of Eligibility printed on the application and I hereby accept and agree to these rules.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

I hereby consent to the filing of this application and accept the aforesaid Rules of Eligibility of which I have received a copy.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

**Section I**

Name of College, Trade or Technical School

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Tuition and Fees

\$

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Room Costs

\$

---

Boarding Costs

\$

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**Total Costs**

\$

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How do you plan to pay for your educational expenses?

Amount parents/guardians are to pay

\$

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Amount you have already saved

\$

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Amount expected to earn this summer

\$

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If you plan on working during the school year,  
what are your anticipated earnings?

\$

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**Total Costs**

\$

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**SECTION II**

Family Status:

- 1. Father  Living  Deceased (go to number 2)
  
- 2. Mother  Living  Deceased (go to number 4)
  
- 3. If parents are alive, are they:  Married  Divorced/Separated
  
- 4. Are there any extraordinary expenses which your family faces and will affect their ability to assist you in financing your education?

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- 5. List the name, ages, and year in school of all other children in your family, including those in college or otherwise dependent on parents/ guardians for some degree of support.

Name	Age	School and Year

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(Parent Signature)

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(Date)

In the space below, please give a brief autobiographical statement. Include a description of your extra-curricular activities, interscholastic sports, community programs and career objectives.