Due MARCH 16th, 2018



Knights of Columbus

TIPTON COUNCIL NO. 1360 Tipton, Missouri 65081

SCHOLARSHIP APPLICATION

(Please return application to H.S. Counselor) -

Name						
VameFirst		Full Middle Name			Last	
Home Address						
Street,	box or route	City		State	Zip	
Date of BirthMm/dd/yy	Birthplac	ce		Male	Female	
Mm/dd/yy		City-	State			
Name of Father(Guardian)			Occ	cupation		
Name of Mother	P		Occ	upation	- Makanikan dan merekan kerangan dan merekan kerangan dan merekan dan merekan dan merekan dan merekan dan mere	
Number siblings older than	you		Younger th	han you		
What college or vo – tech	school do you p	lan to attend?	and the second s			
What is the length of the u	sual course of s	tudy there? _				
What date (month and yea	r) do you expec	t to attend? _				
Additional questions o	n baçk					
	Principal.	/ Counselor C	ertification			
This is to certify that the a the first seven semeste, 2 following results:	rs of school	work. The c	late of high	gh school	graduation will b	
Name of test	<u>D</u>	<u>ate</u>		Scor	<u>e</u>	
Dato		c	ianod			
Date:		5	igned	Principal or	Counselor	



In the space below, briefly summarize your school, church and community activities. List organization memberships and offices held, if any.
In your own words and handwriting, briefly discuss your intended major course of study in college or training in vo-tech school, your plans for a future occupation and how this schooling or training will help you prepare for that occupation.