

Due MARCH 16th, 2018

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# Knights of Columbus

TIPTON COUNCIL NO. 1360

Tipton, Missouri 65081

## SCHOLARSHIP APPLICATION

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

Name \_\_\_\_\_  
First Full Middle Name Last

Home Address \_\_\_\_\_  
Street, box or route City State Zip

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Mm/dd/yy City- State

Name of Father(Guardian) \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Number siblings older than you \_\_\_\_\_ Younger than you \_\_\_\_\_

What college or vo - tech school do you plan to attend? \_\_\_\_\_

What is the length of the usual course of study there? \_\_\_\_\_

What date (month and year) do you expect to attend? \_\_\_\_\_

*\*Additional questions on back\**

### Principal / Counselor Certification

This is to certify that the above - named applicant ranked \_\_\_\_\_ out of \_\_\_\_\_ seniors through the first seven semesters of school work. The date of high school graduation will be \_\_\_\_\_, 2\_\_\_\_. The applicant has taken the following college aptitude tests, with the following results:

<u>Name of test</u>	<u>Date</u>	<u>Score</u>
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Date: \_\_\_\_\_

Signed \_\_\_\_\_  
Principal or Counselor

