



Edwardsville Knights of Columbus

Council 1143
Assembly 0225

Father McGivney Catholic High School Scholarship Application

This scholarship is a one-time non-renewable award. The size of the award is based on the amount of money available and the number of qualified applicants. The applicant must be graduating from either St. Boniface grade school or St. Mary's grade school in Edwardsville, Illinois and must be enrolled as a freshman at Father McGivney Catholic High School. The applicant must also be a child or grandchild of a member (in good standing for at least one consecutive year from the date of the application deadline) of Edwardsville Knights of Columbus Council 1143 and/or Edwardsville Assembly 0225.

TO APPLY: Completed applications must be postmarked by **Saturday, May 3, 2024** and mailed to:

Edwardsville Knights of Columbus
Scholarship Committee
7132 Marine Rd.
Edwardsville, IL 62025

Applications may also be emailed by **Saturday, May 3, 2024 to: ldg@knappohlgreen.com**

STUDENT INFORMATION: (Note: Please type or print)

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone Number: _____ Sex: ____ Date of Birth: _____

Name of grade school you are currently attending: _____

Please answer the following questions (attach additional pages if necessary):

In what ways (please give examples) have you loved as Jesus has taught us to love by helping members of your family, your friends, your neighbors, your church, or even strangers?

Why do you believe that a Catholic education is important?

Applicant Signature: _____

Date: _____



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Father McGivney Catholic High School Scholarship Application (Part 2)

All information included in this scholarship application will be held in strictest confidence by the Edwardsville Knights of Columbus Scholarship Committee.

FAMILY INFORMATION: (Note: Please type or print)

Father or Grand is a member of Edwardsville KC Council 1143 or Assembly 225. Knight's name:
_____ Membership # _____

Parish: _____

Number of children in family: _____

Number of Siblings: Older: _____ Younger: _____

By signing below, I/We agree to the following:

- The Edwardsville Knights of Columbus Scholarship Committee has permission to discuss all aspects of this application with the parish priest and/or deacon and with grade school administrators and teachers.
- All decisions by the Edwardsville Knights of Columbus Scholarship Committee are final.
- All statements contained in this application are true and correct.

Parents Signatures: Father: _____

Date: _____

Mother: _____

Date: _____