

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 a graduate of or graduating from any accredited grade school except St. Boniface or St. Mary's in Edwardsville, Illinois (a separate scholarship application form is available to those students) 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: Plea	ase type o	r 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	addition	al pages	s if necessary):	
In what ways (please give examples) have you loved as Jefriends, your neighbors, your church, or even strangers?				
Why do you believe that a Catholic education is importan	t?			

Applicant Signature:
K of C

	Date:
Edwardsville Knights of Columb	us

Council 1143 Assembly 0225

Father McGivney Catholic High School Scholarship Application (Part 2)

All information include of Columbus Scholarshi			eld in strictest confidence by the Edwardsville Knigh	ts
FAMILY INFORM	ATION:	(Note: Please type o	or print)	
		sville KC Council 1143 or Asembership #	ssembly 225. Knight's name:	
Is the applicant a membe	r of St. Bonifac	ce Parish or St. Mary's Parish	n in Edwardsville? Parish:	
Number of children in far	mily:			
Number of Siblings:	Older:	Younger:		
By signing below, I/	We agree to	o the following:		
			nittee has permission to discuss all aspects of this rade school administrators and teachers.	
All decisions by	the Edwardsvi	ille Knights of Columbus Sch	holarship Committee are final.	
All statements c	ontained in this	s application are true and corr	rect.	
Parents Signatures:	Father:		Date:	
	Mother:		Date:	