

# KNIGHTS OF COLUMBUS #3324

P.O. Box 149

Fort Recovery, Ohio 45846

## REGULATIONS GOVERNING THE FORT RECOVERY KNIGHTS OF COLUMBUS SCHOLARSHIP FOR YEAR \_\_\_\_\_

1. The scholarship fund shall be administered by the trustees of the Fort Recovery Council Knights of Columbus #3324.
2. There will be 2- \$500 scholarships.
3. The scholarship shall be available to any present graduation high school student who is:
  - a. The son or daughter of a member from the Fort Recovery K of C Council.
  - b. The father of the applicant must be a member in good standing for at least one year prior to the application date.
  - c. If the father of the applicant is deceased, the father must have been a member from the Fort Recovery K of C Council and must have been a member in good standing at the time of his death.
4. Each applicant will write an essay:
  - a. Without signing their name or indicating in any way the names of their parents or their parents' occupations
  - b. Describing their need for a scholarship, their proposed field and place of study, school activities, community service, and any other pertinent information.
5. The essay, attached to the application, will be forwarded to the Grand Knight, who will code essay (A, B, C, D, etc.). The essays will be judged by the Knights of Columbus Trustees anonymously.
6. Completed applications must be returned to the Guidance Office by the due date.
7. Students should keep this page for their records.



FORT RECOVERY KNIGHTS OF COLUMBUS  
SCHOLARSHIP APPLICATION

1. Name of applicant \_\_\_\_\_
2. Address \_\_\_\_\_  
\_\_\_\_\_
3. Phone number (home) \_\_\_\_\_ (cell) \_\_\_\_\_
4. Name of parent or guardian \_\_\_\_\_
5. Name of K or C member (father/grandfather) \_\_\_\_\_
6. Educational institution in which applicant plans to enroll.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_
7. Course of study applicant plans to pursue \_\_\_\_\_
8. Type of post secondary training (check one)    \_\_\_\_\_ 4 year    \_\_\_\_\_ 2 year    \_\_\_\_\_ technical
9. Approximate graduation or termination of educational program \_\_\_\_\_

**Applicant must complete one year of education or the scholarship MUST be returned.**

STATEMENT FROM SCHOOL OFFICAL:

I affirm to the best of my knowledge that the above applicant possesses good character and is capable of (and will benefit from) the educational training indicated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Title \_\_\_\_\_