



KNIGHTS OF COLUMBUS

IN SERVICE TO ONE. IN SERVICE TO ALL.

ST. THOMAS THE APOSTLE KNIGHTS OF COLUMBUS SCHOLARSHIP APPLICATION

(Please type or print)

Name _____
(Last) (First) (Mi)

Home Address _____
Street Number or Box City State Zip

Phone (____) _____ Year of Birth _____

Name of guardian or parent that is a registered Knight with St. Thomas The Apostle Catholic Church Council 9318:

Funds will only be mailed to your educational institution of choice. You will not receive funds directly or if not provide the name and address of the educational institution.

Please Note Award Requirements *****

1. Applicant must be a dependent or child of a registered Knight of St. Thomas the Apostle Catholic Church Council #9318, in good standing.
2. Is entering a post secondary education program for the 1st time by September of this calendar year, OR, is graduating high school this May or summer.
3. Has not previously received a scholarship or any funds from St. Thomas Catholic Church K of C Council 9318.

Your completed application must be **received** by Scholarship Chairman on or before:

Wednesday, April 24, 2024.

Please mail to:

Frank Wilson
5419 Co. Rd. 73A
Robstown, TX 78380
Cell: 361-877-6926

APPLICANT SIGNATURE: _____ Date signed: _____