

## ST. THOMAS THE APOSTLE KNIGHTS OF COLUMBUS MONETARY GIFT APPLICATION (Please type or print)

Name	(First)	(Mi)	
Home Address			
Street Number or Box	City	State	Zip
Phone ()	Year of Birth		
<b>Name of guardian</b> that is a registered Knigl Council 9318:	ht with St. Thomas the Apo	stle Catholic Ch	nurch
Name of high school and graduation date	<b>3</b> .		
Please Note Award Requirements *****  1. Applicant must be a dependent of requirements	aistered Knight of St. Thom	as the Apostle	Catholic Churc
Council #9318.  2. Graduating high school in May or this	-		
Your completed application must be received Wednesday, April 19, 2023.	by Scholarship Chairman o	on or before:	
Please mail to:	<u>Jesse Garcia</u> 14745 Keegan		

APPLICANT SIGNATURE: \_\_\_\_\_ Date signed: \_\_\_\_\_