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 that is a registered Knight with St. Thomas The Apostle Catholic Church Council 9318: _____

Name (college or trade school) you are starting by Sept. 1st: _____
Planned major: _____
In the space below, briefly explain your plans after completing your continued education:

_You may add an additional page if needed._____

_____

_____

_____

_____

Funds will ONLY be mailed to your educational institution. You will have to provide the name and address of the educational institution as well as your student ID # by August 1st.

***Award Requirements*:**

Applicant must be.

1. *A dependent* of a registered Knight of St. Thomas the Apostle Catholic Church Council #9318 in good standing. {Meaning: Paid all applicable K of C dues by March 3rd and participated in at least **three** K of C events in the last 12 months} **List events**: _____
_____

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 and entering any post secondary school by September 1st.
3. Has **not** previously received a scholarship or **any** funds from St. Thomas Catholic Church K of C Council 9318.
4. Student is preferred to have helped in at least **one** K of C fund raising event in the last 12 months.
   List event(s):_____

Your completed application must be **received** on or before **April 23, 2026.**

Please mail to: Frank Wilson, 5419 Co. Rd. 73A, Robstown, TX 78380
Questions call: 361-877-6926

APPLICANT SIGNATURE: _____ Date signed: _____