

Father John F. Murray Scholarship Application

Section I

Applicant: _____

Address: _____

Telephone: (_____) _____ D.O.B: _____

Parish: _____ Diocese: _____

Section II

Squires Circle: _____ Circle # _____ Member # _____

Membership Date: _____

Sponsoring Council: _____

Offices Held and Activities: _____

Signature of Chief Counselor: _____ Date: _____

Section III

Name of Catholic High School or
College _____

Address: _____

Tuition: _____

Signature of Applicant: _____ Date: _____

Section IV

Important-Applicant Must be submitted to the Grand Knight no later than March 1. Copy of school transcript must accompany application.

Sponsor: _____

Name of Grand Knight _____ Membership No. _____

Council Name and No. _____

Signature Of Grand Knight: _____