

COLLEGE Application
For
St. John's Council Scholarship Program
(answer each question on each line)

Section I. Applicant Information.

Name: _____.

Address: _____ City, St, Zip: _____.

Phone: _____; Birth date: _____;

Section II. High School Information.

GPA score (cum): _____ Name of High School: _____.

() School transcript attached. Signature of School Official: _____.

Service activities: Community Church School Other
(check all that apply)

Explain each service activity. If necessary, write on a separate page.

Section III. College Information

Accepted; Name of College: _____ Address: _____.

Tuition & Fees: _____ Signature of Applicant: _____; Date: _____.

Mail completed application & transcript to: Scholarship, c/o George DiCostanzo, 70 Dulles Drive, Dumont, NJ 07628. Applications must be received **in hand (not postmarked)** by April 30. Any application received after April 30, or any incomplete application, will be rejected.

Section IV. Sponsor Information.

Sponsor Name: _____ Relationship: _____.

Council #: _____ Membership #: _____.

Section V. Council-Scholarship Committee.

Application Review of Criteria by Financial Secretary: accepted; rejected. FS signature _____.

Grand Knight : _____ Dated: _____.

Scholarship Chairman: _____ Dated: _____.

HIGH SCHOOL Application
For
St. John's Council Scholarship Program
(answer each question on each line)

Section I. Applicant Information.

Name: _____.

Address: _____ City, St, Zip: _____.

Phone: _____; Birth date: _____;

Section II. Grammar School Information.

GPA score (cum): _____ Name of Grammar School: _____.

() School transcript attached. Signature of School Official: _____.

Service activities: Community Church School Other
(check all that apply)

Explain each service activity. If necessary, write on a separate page.

Section III. High School Information

Accepted; Name of High School: _____ Address: _____.

Tuition & Fees: _____ Signature of Applicant: _____; Date: _____.

Mail completed application & transcript to: Scholarship, c/o George DiCostanzo, 70 Dulles Drive, Dumont, NJ 07628. Applications must be received **in hand (not postmarked)** by April 30. Any application received after April 30, or any incomplete application, will be rejected.

Section IV. Sponsor Information.

Sponsor Name: _____ Relationship: _____.

Council #: _____ Membership #: _____.

Section V. Council-Scholarship Committee.

Application Review of Criteria by Financial Secretary: accepted; rejected. FS signature _____.

Grand Knight : _____ Dated: _____.

Scholarship Chairman: _____ Dated: _____.