

New Jersey Chapter #1, Knights of Columbus Request Form for Scholarship Application

Grand Knight _____ Council Name: _____

Dear Grand Knight:

My name is _____ (Please Print Legibly).

I am the (Circle one) son/daughter/brother/sister of _____,

who is a member of Council # _____, and I am interested in applying for an application for a scholarship from the New Jersey Chapter #1 Scholarship Program.

I am a senior at _____ High School. My address is _____ (Include Zip Code).

My home phone number is _____ (Include Area Code).

Parent/Guardian Cell number: _____

Parent/Guardian E-Mail: _____

Thank you for your consideration.

Sincerely,

Signed: _____

--Applicant: DO NOT complete below this line. ---- Forward to your Grand Knight.--

Brother _____ is a member of the Order in good standing and has at least 2 years of continuous membership in both the Chapter and the Order immediately prior to the deadline for requesting an application. His membership history is as follows:

Council # _____ Date range: From _____ To Present _____

Council # _____ Date range: From _____ To _____

Council # _____ Date range: From _____ To _____

Degree Dates: First: _____ Second: _____ Third: _____ **Readmitted:** _____
(date)

Membership number: _____

Grand Knight Signature: _____ Phone: _____ Email: _____

Financial Secretary Signature: _____ Phone: _____ Email: _____

Date: _____

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PLEASE NOTE: GK or FS is to scan this FULLY-completed form as a .pdf file (with Applicant, GK, & FS signatures & clearly visible SEAL) and email the file as an attachment TO BE RECEIVED by the Chapter Scholarship Chairman no later than 11/30/2025!