



Isabella Council #15

# KNIGHTS OF COLUMBUS

IN SERVICE TO ONE. IN SERVICE TO ALL.



Isabella Assembly #122

## Scholarship Application - 2025

**Eligibility:** Applicant and/or Parent(s) or Legal Guardian(s) of Applicant must be a registered member of a St. Luke Parish in Southington. Applicant must be a High School Senior (or a High School Graduate) seeking to further his/her education in a recognized institute of higher learning during the upcoming academic year as a Freshman (or a 1<sup>st</sup> Year student).

Applicant \_\_\_\_\_ Church \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

Currently attending High School: (Yes / No) \_\_\_\_\_ Name of School \_\_\_\_\_  
(Expected) Date of Graduation \_\_\_\_\_

Name and Address of Parent(s) or Legal Guardian(s) \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Size of Household (#) \_\_\_\_\_

Parent(s)/Legal Guardian(s) Signature for Release of Academic Information \_\_\_\_\_

Applicant's Grade Point Average as attested by School Guidance Counselor/Registrar/Records Office: \_\_\_\_\_

Name of Guidance Counselor/Registrar/Records Officer: \_\_\_\_\_

Signature of Guidance Counselor/Registrar/Records Officer: \_\_\_\_\_

Name, Title, and Signature of Parish Official: \_\_\_\_\_

Signature of Parent(s) or Legal Guardian(s): \_\_\_\_\_

Signature of Applicant attesting the accuracy of the information here within: \_\_\_\_\_

## K of C - Scholarship Application - 2025

Name of First Choice of Higher Learning Institute: \_\_\_\_\_

Second Choice, if applicable: \_\_\_\_\_

Third Choice, if applicable: \_\_\_\_\_

To which school(s) has the applicant been accepted: \_\_\_\_\_

Number of Children in household: \_\_\_\_\_

Number of Siblings that will be attending College, Private School, or Tuition Based Technical School  
in the upcoming Academic School Year: \_\_\_\_\_

Name of Sibling 1: \_\_\_\_\_

Name of School: \_\_\_\_\_

Sibling 2: \_\_\_\_\_

School: \_\_\_\_\_

Sibling 3 (+): . \_\_\_\_\_

School(s): \_\_\_\_\_

Affiliation to Knights of Columbus (i.e. KofC Member Name & Relationship, Activities, Donations, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Please attach information on each of the following:

Involvement in your Parish: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Involvement in your Community: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Involvement in your School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Scholarship Application - 2025

How have the above activities shaped your ideas or career goals for the future? \_\_\_\_\_

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Please feel free to use the balance of this sheet (front/back) to provide any additional pertinent information about yourself for this application, or if more space is necessary, attached to application.

Thank you for telling us about yourself. We wish you success in all your Godly endeavors.

Please mail your completed application and any accompanying material by **March 31, 2025**

Knights of Columbus  
Isabella Council #15 / Isabella Assembly #122  
Attn: Scholarship Committee  
PO Box 644  
Southington CT 06489-0644

*"An intelligent heart acquires knowledge, and the ear of the wise seeks knowledge." Proverbs 18:15*