



St. Mary's Knights of Columbus – Council 11690 John Drane Memorial Scholarship Program

Purpose

- ❖ The purpose of this scholarship is to provide financial support for a current St. Mary's Parishioner pursuing post-secondary education.

Award

- ❖ One **\$1000** scholarship awarded annually, beginning in the **Spring 2018**. This award will be given based on the applicants' amount of and quality of volunteer efforts in the Parish and Community.

Eligibility

- ❖ Must be a current parishioner of St. Mary's Parish in Norton.

The candidate must be pursuing a degree at any level of higher education, and be enrolled in an accredited community college, college, university, professional or technical school.

Application Procedure

- ❖ Complete and sign application.
Prepare a short typed essay (**not to exceed one page double spaced**), and provide an explanation of accomplishments relating to any of the following categories:
youth, community, church, family and school, involving your role in volunteerism in the St. Mary's Parish and our community. Please explain in detail any and all involvement.

Please provide at least two references or referrals to substantiate your involvement.

Applications will be available during November and December 2017.

All applications must be postmarked and mailed to St. Mary's Parish Center, no later than **December 20, 2017** in order to be considered.

Award Selection

- ❖ All essays will be read independently by a committee established by the St. Mary's Knights of Columbus and based on the total involvement in our Parish and Community.

The recipient will be notified in early January 2018 for enrollment in the Spring semester.

The scholarship check will be issued directly in the name of the student and the institution.

Application postmark deadline: December 20, 2017

**APPLICANT
DATA**

Last Name _____ First _____ Middle Initial _____
Address _____ Apt. # _____
City _____ State _____ Zip Code _____
Date of Birth: Month _____ Day _____ Year _____ Phone () _____
Email Address _____

PARENT / LEGAL GUARDIAN

Last Name _____ First _____ Middle Initial _____
Address _____ Apt. # _____
City _____ State _____ Zip Code _____
Relationship to Applicant _____

**HIGH SCHOOL
DATA**

School Name _____ Graduation Date: Month _____ Year _____
City _____ State _____ Phone () _____

**POST
SECONDARY
SCHOOL DATA**

Name of post secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied). Please use the official school name.

School _____ City _____ State _____

School _____ City _____ State _____

School _____ City _____ State _____

4-year College or University 2-year College Vocational – Technical School

Other, EXPLAIN _____

Year in post-secondary program next school year: 1 2 3 4 5

Major/Field of course or study _____ Anticipated graduation date: Month _____ Year _____

**ACTIVITIES
AWARDS AND
HONORS**

List all accomplishments, (school, community, parish) which you have participated in during High School. (Activities could relate to assisting in the parish as a CCD teacher, altar server, assisting in Bingo, Bazaar or other type events, community volunteerism or community services that were performed.) Please indicate all special awards, honors and other recognition.

Activity	Number of years Participated	Special Awards and Honors	Offices Held

**POST
SECONDARY
SCHOOL DATA**

Make a statement of your plans as it relates to your educational and career objectives and future goals.

**APPLICATION
CHECKLIST**

This application for a scholarship becomes complete and valid only when you have returned all of the following materials. The student is responsible for submitting all documentation to the Knights of Columbus on time. **Deadline: December 20, 2017**

1. Scholarship Application
2. Essay
3. References / Referrals

Forward Application and all Documents to:

St. Mary's Parish Center
1 Power Street
Norton, MA. 02766
Attn: Knights of Columbus / Scholarship Committee

**REFERENCES
REFERRALS**

Last Name _____ First _____

Address _____ Phone Number () _____

Last Name _____ First _____

Address _____ Phone Number () _____

CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of the information supplied on this form.

Applicant's Signature _____ Date _____