Amador County Council 1849 Knights of Columbus Scholarship Application

Name:		_ Date of Application:		
Address:				
City:	State:		Zip:	
Phone: Alternate Phone:				
Parish Community in which involved	:			
University/College/Trade School whe	re you will	further y	your education:	
Year of High School Graduation	High	School	Attended:	

List all of the work you did, the positions you held and the parish activities in which you participated. *Attach a summary description of each*. (For example: altar server, religious education participant, etc.) An adult supervisor must vouch (by signature on the summary) for all activities.

Affidavit from high school indicating the performance level of the applicant

I attest that the above named applicant has achieved an overall grade point average of B (3.0).

Name of School Official (print)

Signature

School Seal:

Date

Position

Name of High School

A copy of this document should be made and presented to the Applicant.

Original is to be mailed to: Knights of Columbus % Nicholas Ragusano Scholarship Chairman 3520 Curran Rd. Ione, CA 96540-9604