

**THE KNIGHTS OF COLUMBUS  
COUNCIL 4303**

**SOMERS, CT.**

**SCHOLARSHIP APPLICATION**

## **Criteria for application**

**1. The applicant must be:**

**A son, daughter or grandchild of a living member in good standing of the Knights of Columbus Council #4303**

**or**

**A resident of the Town of Somers CT and a practicing Roman Catholic.**

**2. The applicant shall be entering their freshman year in an accredited post secondary school as a regular, full time matriculated student.**

**3. Scores of the SAT or ACTP shall be included on the application.**

**4. The scholarship award shall be determined on the basis of academic excellence, financial need, activities in your church, school, community and/or the Knights of Columbus Council #4303.**

**5. The scholarship award will be presented to the winning candidate upon proof of registration to the college or university the student will be attending.**

**Completed application must be delivered or mailed by:**

**April 20, 2024**

**To: Thomas Chilicki  
243 Main St. Box 313  
Somers, CT 06071**

**Knights of Columbus  
Somers Council #4303 Scholarship**

**1. GENERAL:**

Name of applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Catholic Parish presently attending \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Signature of Parish Priest \_\_\_\_\_

**(Optional) Relative who is a member of K of C Council #4303**

Name: \_\_\_\_\_ His Degree: \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Office at Council #4303 the member holds \_\_\_\_\_

**2. Scholastic achievements:**

Cumulative grade point average \_\_\_\_\_

Scores on SAT \_\_\_\_\_ and/or ACT \_\_\_\_\_

Semesters on honor roll

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_____	_____
_____	_____
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**3. Church Volunteer Activities**

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**4. Knights of Columbus Volunteer Activities**

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**5. Community Volunteer Activities**

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**6. School Organizations, Sports, Clubs**

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**7. Please attach a letter listing any additional qualifications and financial need you have that would lead us to choose you as the scholarship recipient.**

**I have read the rules for eligibility for this application and I hereby accept and agree to these rules. I affirm that the information given in this application is true and complete.**

**Signature of applicant**

**Signature of your Parent/Guardian**