



KNIGHTS OF COLUMBUS FENTON COUNCIL #7418
SCHOLARSHIP APPLICATION

Parents Names: _____

Address: _____

Phone Number: _____ Cell Number: _____

Please list the name and grade level for each student attending the St. John the Evangelist Catholic School for the _____ school year.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By signing this application I am stating that I am an active member of the Knights Of Columbus Council #7418 or that I have a family member who is an active member. (Name of family member, if not you, who is a member.)

Signature

Date

Office Use: Confirmed Member: _____

Amount of Award: \$ _____ Date: _____