

K of C COUNCIL 11187 SCHOLARSHIP APPLICATION FORM

Sponsored by: _____

KofC Membership Number: _____

Relationship to Member: Father Grandfather

Students Name: _____

Telephone Number: _____

Home Address: _____

City, State and Zip _____

Year in School: _____

School attending: _____

Address: _____

City, State and Zip _____

Activities:

Church:

Extracurricular:

Community Service:

Nonschool: