



**2018 COUNCIL 5162 SCHOLARSHIP APPLICATION**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**PARISH:** \_\_\_\_\_

**COLLEGE EXPECTED  
TO ATTEND:** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**KNIGHTS OF COLUMBUS:**

**SERVING CHURCH AND FAMILY**

