



## 2022 SCHOLARSHIP APPLICATION

*DC Knights of Columbus Charities* – the charitable arm of the District of Columbia Knights of Columbus State Council, is pleased to announce that we are offering up to four (4) \$500 scholarships for 8th grade students going into 9th grade or current students in the 9th, 10th, or 11th grades moving into the next level.

Applicants **must be residents of the District of Columbia** and be attending, or will attend, a private **Catholic** secondary school.\*

Applications and related materials must be received not later than **January 14, 2022** to be considered. **Decisions will be made by February 10, 2022.**

Please mail applications and related materials to:

**DC Knights of Columbus Charities  
Scholarship Committee  
P.O. Box 90884  
Washington, DC 20090-0884**

**Or Submit via email to: [charities@dcknights.org](mailto:charities@dcknights.org)**

For more information, please contact: [charities@dcknights.org](mailto:charities@dcknights.org), your local Knights of Columbus Council, or visit [charities.dcknights.org](http://charities.dcknights.org).

*\*If a designated scholarship winner chooses not to attend a Catholic secondary school for the 2022-2023 school year, the scholarship will be considered revoked and given to another applicant.*

# APPLICATION FOR THE DC KNIGHTS OF COLUMBUS CHARITIES SCHOLARSHIP

## Privacy Act Advisory Statement

The Privacy Act of 1974 (P.L. 93.579) requires that you be given certain information in connection with this request for data. Pursuant to the requirements of the Act, please be advised:

1. The authority for the collection of this data is Public Law 93-642.
2. Submitting the information requested is voluntary.
3. The main purpose for which the data will be used is the selection of award winners for the DC Knights of Columbus Charities Scholarship.
4. Other routine uses of the data are for public affairs and press releases to news media.
5. Failure to complete the form will mean that you cannot be included among those candidates being considered for this scholarship award.

## I. BIOGRAPHICAL QUESTIONNAIRE

The questions that follow are designed to collect information about your background, your interests and your plans. Answers to these questions will be used in connection with your application for this scholarship award and will be made available to the scholarship selection committee.

### General Information (Please type or print)

1. \_\_\_\_\_  
Applicant's full name: last, first, middle E-mail address
2. \_\_\_\_\_ M F  
Date of birth: month, day, year Gender (Circle One)
3. \_\_\_\_\_  
Permanent home address: number, st., city, zip code Tel. No.
4. \_\_\_\_\_  
Parent(s) or legal guardian name
5. \_\_\_\_\_

\_\_\_\_\_ High School you will attend. (include address, state, zip code, and area code/telephone number)

The signee grants to DC Knights of Columbus Charities, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize DC Knights of Columbus Charities, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that DC Knights of Columbus Charities may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**II. APPLICANT INFORMATION**

This section should be completed by the applicant. Please feel free to attach additional pages to answer the questions fully.

1. Describe your involvement in civic and/or religious activities. Please indicate the activity, date(s) of your direct, active involvement, and your role or actions.

2. Briefly describe your participation in extracurricular school activities. Please indicate the activity, date(s) of your active participation and describe your role in the activity.

3. Describe any special circumstances, if any, which you believe the committee should use to evaluate your application.

4. Please have your school forward an official transcript of your grades to the address listed on page 1.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **III. RECOMMENDATIONS**

This section should be completed by the applicant's parent, guardian, or other individual(s) selected by the applicant. Feel free to attach additional or multiple pages.

In the space below, please describe the applicant's qualifications for this award. Please include contributions to their school, church, or community.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_