Knights of Columbus

St. Katharine Drexel Council #11177 1422 SW 3rd Avenue Cape Coral, FI 33991

Joshua Johnson Memorial Scholarship

1. Application Criteria:

Must be a member of St. Katharine Drexel parish, St. Andrew parish, or Our Lady of the Miraculous Medal parish, **OR**Must be a relative of a member of the Knights of Columbus (any Cape Coral council or Pine Island council).

- A. Be a graduating high school senior.
- B. Student must be planning to study at an accredited post-secondary institution.
- C. Must demonstrate superior academic performance as evidenced by the high school transcript (including SAT/ACT scores).
- D. Must show evidence of active involvement in school, community and parish activities.
- E. Financial need may be used as a determining factor.

2. Application Process:

- A. Submit completed application with all supporting documents to the address listed above. Completed applications and all supporting documents must be postmarked no later than **April 3, 2023**.
- B. The K of C scholarship committee will review applications.
- C. The committee will notify award winners. The scholarship is worth \$500 per academic year, renewable for up to 4 years.

3. Maintaining scholarship eligibility:

This scholarship is a renewable scholarship. Scholarship winners must maintain a 2.5 cumulative grade point average. If a student falls below the 2.5 cumulative gpa, they have the right to ask for reinstatement of the scholarship when the cumulative gpa returns to the 2.5 average. The scholarship is good only for the four calendar years from the date it is awarded. Proof of enrollment is required at the beginning of each year's fall term. Proof of gpa eligibility is required at the end of each spring term in the form of an official transcript. It is the **student's responsibility** to verify enrollment and verify the cumulative gpa by the dates provided each year by the scholarship committee. If the specified documents are not provided by the specified dates, it will be presumed that the student has vacated the scholarship.

APPLICATION

DATE:					
APPLICANT NAME :					
	(first)	(middle)	(last)		
ADDRESS :					
(number/street/city/zip)					
PHONE # :		DATE OF BIRTH :			
MEMBER OF WHICH C	ATHOLIC PARIS	SH?			
IS A MEMBER OF YOU	R FAMILY A MEN	MBER OF THE KNI	GHTS OF COLUMBUS	?	
IF YES, FAMILY MEMBER'S NAME			COUN	OIL#	
NAME OF STUDENT'S	HIGH SCHOOL	:			
COLLEGE/UNIVERSITY	YOU PLAN TO	ATTEND :			
INTENDED MAJOR :					
ACTIVITIES/ACCOMPL applicant's involvement/s		• •		ribing the	
HIGH SCHOOL A		•	extracurricular activities	s, leadership	
		TIES : Describe any ommunity service a	y non-school involveme ctivities.	ents,	
ACADEMIC INFORMAT transcript, including ACT a school contact person transcript and/or verify s	and/or SAT test (e.g. guidance o	scores. In addition, counselor) who can	please indicate in the	space below,	
SCHOOL CONTACT PE	RSON:				
(name)		(title)	(school r	 hone #)	

BIOGRAPHICAL INFORMATION

(all information on this page will be kept confidential)

APPLICANT'S NAME :	
FATHER'S NAME :	
OCCUPATION/EMPLOYED BY :	
MOTHER'S NAME :	
OCCUPATION/EMPLOYED BY :	
BROTHERS/SISTERS	AGE
The applicant certifies that the information on the scholarship application	is true and accurate :
(signature of applicant)	(date)
HOME or CELL TELEPHONE NUMBER	
REMINDER : Be sure to include your statement of activities/accomplishing school transcript, including SAT and/or ACT test scores, when you submit committee will not consider incomplete applications. All applications must later than APRIL 3, 2023 to the following address:	t your application. The
Knights of Columbus Scholarship Committee	

QUESTIONS ? contact Mike Sushil at (239) 560-2454 or email MICHAELDSUSHIL@gmail.com

33991

1422 SW 3rd Avenue Cape Coral, Florida