

KNIGHTS OF COLUMBUS

**Monsignor Thomas L. Greylish Council, No. 3675
Kensington, Connecticut 06037**

ALFRED GRECO MEMORIAL \$1,000 SCHOLARSHIP SCHOLARSHIP APPLICATION FORM

CRITERIA

- 1. Scholastic Performance – 40%**
- 2. Community Service and other activities – 25%**
- 3. Need – 35%**

QUALIFICATIONS

- 1. Must be a resident of the town of Berlin (Berlin, East Berlin, Kensington).**
- 2. Father or Grandfather must be a Knights of Columbus member who is in good standing in the Monsignor Thomas L. Greylish Council, No. 3675.**

Father or Grandfather Name _____

- 3. Must complete full senior year from the school that you will be graduating.**

NOTE: Any approved secondary school is acceptable.

Application must be postmarked by April 15th and returned to:

**Mr. Paul Cavaliere, Jr.
230 Vineyard Drive
Kensington, CT 06037**

Applicant's Name: _____

Address: _____

Father/Guardian's Name: _____

Occupation: _____

Place of employment: _____ **Income:** _____

Mother's Name: _____

Occupation: _____

Place of employment: _____ **Income:** _____

List members of family and ages: _____

List the colleges or universities to which you have been accepted:

1. _____
2. _____
3. _____
4. _____

Anticipated Major: _____

Anticipated Yearly College Expense: \$ _____

1. List your record of participation in school extracurricular activities and/or service:

2. List your out of school activities (clubs, town, religious activities):

3. Give a brief description stating why you chose your particular field of study.

4. List any honors/recognition you have received for excellence in school or community:

5. Statement of need: What will this scholarship help you to accomplish?

Please attach a transcript of your high school grades.

The student to whom the scholarship award is granted agrees that it will be paid directly to the school of his or her choosing. Failure to attend the named institution will result in a forfeiture of the award.

I give the scholarship committee permission to secure any additional information from any source necessary for the completion of the investigation of my application.

Signature of Applicant

Date _____

Approved _____
Signature of Parent or Guardian

*****FOR COMMITTEE USE ONLY*****

The scholarship committee met on _____
Date

_____ has accepted

_____ has not accepted

This applicant

Signature of Chairman

Reviewed and Approved By _____

