



**Knights of Columbus
Holy Trinity Council #8081
Peachtree City, Georgia 30269**

2019 Donald B. Martin Memorial Scholarship Program Application

Applicant (Print): _____

Date of Birth: _____

Address: _____

Home Phone: _____

Father's Name: (Print) _____

Mother's Name: (Print) _____

Parish family membership number _____

High School students only: To Be Completed By Counselor

School attending: _____ Transcript(s) included? Yes ___ No ___

Date of graduation ceremony: _____ Grade Point Average (GPA) _____

Counselor's Signature: _____ Date _____

To Be Completed By Applicant

School Attending or Planning to Attend:

[1] Education and Personal Goals:

[2] School and Academic, Church, Community Activities and/or Achievements:

Applicant Log# _____



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[5] In 500 words or less, explain one of the following terms and what it means to you
“Charity – Unity – Fraternalism – Patriotism”.

(Attach Document to Application)

[6] Letter of Recommendation from other than family member _____

{7} College transcripts, if applicable _____

Applicants Name (Print) _____

Applicants Signature: _____

Date: _____

The completed scholarship application packet will include:

- ___ The application
- ___ Proof of membership in Holy Trinity parish
- ___ 500 word essay
- ___ Transcripts
- ___ Confidential Financial Statement

TO BE COMPLETED BY KNIGHTS OF COLUMBUS SCHOLARSHIP COMMITTEE

Has the applicant completed the following sacraments?

Baptism _____ Reconciliation _____ Holy Communion _____ Confirmation _____

Is the applicant a parishioner of Holy Trinity Catholic Church? _____

Signature – Parish Office _____

Turn in your applications to any Knight or mail your applications and supporting documentation to:

**Knights of Columbus Scholarship Committee
c/o Holy Trinity Catholic Church
101 Walt Banks Road
Peachtree City, GA 30269**

All applications must be received by April 15, 2019

Applicant Log# _____



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CONFIDENTIAL FINANCIAL STATEMENT

It is understood and agreed that all information submitted will be accorded the strictest of confidential protection by the members of the Scholarship Committee.

To be completed & signed by applicant and parents. Include with application.

Current Home Parental Situation: Both ____ Single ____ (Mother ____ Father ____)

Number of children:

Attending Elementary School next year: _____

Attending High School next year: _____

Attending College next year: _____

Previous Year's Adjusted Gross Income *(Support documentation may be requested)*

_____ \$0 - \$25000

_____ \$25001 - \$50000

_____ \$50001 - \$75000

_____ \$75001 - \$100000

_____ Greater than \$100000

Special or Unusual Expenses for Family or Applicant *(Attach any additional information):*

Applicant' Name (Print) _____

Applicants Signature: _____ Date: _____

Father's Name: (Print) _____

Father's Signature: _____ Date: _____

Mother's Name: (Print) _____

Mother's Signature: _____ Date: _____

Applicant Log# _____
