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Our Lady of Hope

Knights of Columbus Council 12791

SCHOLARSHIP GRANT APPLICATION

Last Name First Name Middle Name



Male { } Female { )

Date of Birth Place of Birth

Father's Full Name Mother's Full Name

High School Graduation Date G.P.A. (thru Dec)

College Attending in Fall (Attach Acceptance) Planned Course of Study (Optional)

High School Activities: (List Clubs, Sports, Activities):

Parish Activities and Service / Community Service / Volunteer Activity:

APPLICANTS WILL HAVE TO RESPOND TO BOTH QUESTIONS IN ORDER TO HAVE A COMPLETE APPLICATION (total responses should be no fewer than 500 words):

What is the mission of the Catholic Church as given to her by the Lord Jesus, and how do you see yourself fitting into this mission?

Signature of Applicant Date:

Return Completed Application to: Our Lady of Hope-Knights of Columbus Scholarship Committee Our Lady of Hope Parish Office

46639 Algonkian Pkwy

Potomac Falls, VA 20165