

APPLICATION
ROBERT L. FLYNN ASSEMBLY #0511
4TH DEGREE KNIGHTS OF COLUMBUS
1259 E. M-21, P.O. BOX 163, Owosso, MI 48867
GIFT OF MONEY 2019

Completed application due by April 2, 2019, Must be received at above address by this date

REQUIREMENTS

1. To be awarded to (1) student graduating from high school this year and entering an accredited school of higher learning this year.
2. The student must be a child or grandchild of a current member of the above assembly, #0511.
3. Student agrees to repay the money if he/she does not complete one year of school

NAME _____ DATE _____

ADDRESS _____

Number street city state zip code

FATHER'S NAME _____ OCCUPATION _____

MOTHER'S NAME _____ OCCUPATION _____

Name of Father or Grandfather who is an active member of Assembly #0511:

(Father/Grandfather's Name) _____

(Father/ Grandfather's Contact information) _____

CONTACT INFORMATION (your phone or email): _____

SCHOOL YOU PLAN TO ATTEND _____

MAJOR FIELD OF STUDY _____

NUMBER OF YEARS TO COMPLETE _____

HAVE YOU BEEN ACCEPTED _____

NOW A STUDENT AT _____

School name address

GRADUATION YEAR _____ COUNSELOR'S NAME _____

Will any immediate family members be attending college next year _____ number _____

Will you be receiving any other form of financial aid _____ G.P.A. _____

If there are any special circumstances you feel the committee should consider, write out the additional information, and attach it to this application. Information for the above items must be obtained from school records and staff personnel. Members of the selection committee will be the only ones to see your application. The recipient is asked to sign this form stating he/she will repay the money if he/she does not complete one year of schooling.

Permission is hereby granted for my school to release the above information to the Knights of Columbus 4th Degree, Robert L. Flynn Assembly #0511.

Student signature

Parent signature