

Warwick Council # 2295 Knights of Columbus

475 SANDY LANE – WARWICK, RI 02889

SCHOLARSHIP APPLICATION

Number

Name _____ Sex _____ Date of Birth _____
Address _____ City or Town _____ Zip Code _____
Phone Number _____ Email _____
Present School _____ Parish _____
Name of Father or male guardian _____ Age _____
Name of Mother or female guardian _____ Age _____

Number

I live with (check) ___father ___mother ___step-father ___step-mother ___other

Check all that apply: ___father deceased ___mother deceased ___parents separated
___parents divorced ___father unable to work ___mother unable to work

Father's occupation _____ Title _____
Employed by _____ Years Employed _____

Mother's occupation _____ Title _____
Employed by _____ Years Employed _____

Total number of tax exemptions claimed for preceding calendar year _____

Total number of dependent children _____

Total family income before taxes (Includes wages, salary, tips, interest etc) \$ _____

Property Owned _____ Present Market Value \$ _____

Location _____ Mortgage Balance \$ _____

Monthly rent or mortgage payment \$ _____

Bank accounts (total savings and checking) \$ _____

Other investments (present market value) \$ _____

List year and make of auto owned in family _____

Extraordinary medical expenses (Explain) _____

Other extraordinary expenses (Explain) _____

Other scholarships applied for _____