



KNIGHTS OF COLUMBUS/LADIES AUXILIARY

ST. FRANCIS OF ASSISI COUNCIL 8909
CHRISTIAN STUDENT SERVICE SCHOLARSHIP
FOR THE 2024-2025 ACADEMIC YEAR

Congratulations on your pending graduation. We wish you success in the future.

A total of \$9,500.00 in scholarships will be granted. The highest four (4) selected by the scholarship committee will be awarded \$2,000.00 each and the fifth (5th) selected will be awarded \$1,500.00.

Each of the scholarships is a cash grant to be used for the first academic year after your graduation from High School. The \$2,000.00 scholarship will be paid in equal amounts of \$1,000.00 each semester or quarter of that first year. The \$1,500.00 scholarship will be paid in equal amounts of \$750.00 each semester or quarter of that first year. All scholarships are non-renewable.

The first part of the scholarship will be paid when you enter college. In order to receive the remainder of the grant, you must maintain a 2.0 average on a scale of 4.0. A grade report and a letter of progress must be forwarded via mail or email at the end of the grading period before subsequent payments will be returned.

Mail	Email
Scholarship Chairperson, Knights of Columbus St. Francis of Assisi Council 8909 P.O. Box 2316 Castle Rock, CO 80104	scholarships@promotions.KofC8909.org

In order for your application to be accepted, the following requirements must be completed.

To be eligible you must:

1. Complete the attached application.
2. Have a parent, grandparent or a guardian as a registered Parishioner of St. Francis of Assisi Church or a parent, grandparent or a guardian as a member of St. Francis of Assisi Council #8909.
3. Have maintained at least a 2.0 average your junior and senior year.
4. Have applied and been accepted by an accredited college, junior college, or trade/vocational school by August of the year you graduate (please attach a copy of the acceptance letter).

This application must be accompanied by:

1. Three completed recommendation forms; one from your pastor or church/youth leader, one from your High School teacher, and one from someone other than a relative.
2. A copy of your current transcript of your high school grades.
3. A written testimony of your religious faith.

The application with all supportive material must be returned to the Scholarship Chairperson, via mail or email as soon as possible, but no later than June 30, 2025.

Questions regarding this scholarship program may be submitted to the Scholarship Chairperson of St. Francis of Assisi Council 8909.



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CHRISTIAN STUDENT SERVICE SCHOLARSHIP
FOR THE 2024-2025 ACADEMIC YEAR

APPLICATION FORM

Deadline is June 30, 2025

Name of Applicant (last) (first) (middle)

Address (street or box) (city) (state) (zip)

Phone Email Date of Birth

Father's Name Occupation

Mother's Name Occupation

If living with a guardian, please give name and address, if different from above.

How many children in your family? _____ Are any in college? Yes / No

Have you been accepted for admission to a school of higher learning? Yes / No

Date you plan to enter school of higher learning: _____

If so, please give name of school and provide evidence of acceptance: _____

How do you plan to finance your education?

Will scholarship funding determine whether or not you will pursue higher education? Yes / No

Please list activities and clubs you participated in during your high school years and offices that you held.



Please list organizations and activities, including office held, outside of school excluding church functions.

Prepare a Declaration of Your Faith. Please include:

1. Experiences, positive and negative, that was meaningful to you in your childhood and adolescence. Include experiences that happened to you as an individual or as a member of a group.
2. What does your faith mean to you? What role does faith play in your life?
3. How you have best expressed Christ's love to others?
4. Do you have a favorite passage from the bible or another book, which has a special meaning to you? Why is it special to you?
5. Services to others by participation in church/Christian activities, including any positions of leadership or offices you held.
6. When and why you became interested in pursuing higher education and what you have considered as your career?
7. What are your objectives in considering higher education?

NOTE: Please type the declaration double-spaced, on one side of the paper only; no more than 3 pages.

Name of parent, grandparent or guardian who is a registered Parishioner of St. Francis of Assisi Church:

(please print)

or

Name of parent, grandparent or guardian who is a member of St. Francis of Assisi Council 8909:

(please print)



KNIGHTS OF COLUMBUS/LADIES AUXILIARY
 ST. FRANCIS OF ASSISI COUNCIL 8909
 CHRISTIAN STUDENT SERVICE SCHOLARSHIP

(Teacher's Copy)
 RECOMMENDATION FORM

You may use this form for the recommendations of the applicant, or if you prefer, you may write your recommendations in the form of a letter including the following information. To maintain confidentiality please send this completed recommendation via mail or email.

Mail	Email
Scholarship Chairperson, Knights of Columbus St. Francis of Assisi Council 8909 P.O. Box 2316 Castle Rock, CO 80104	scholarships@promotions.KofC8909.org

Name of Applicant (last) (first) (middle)

- How long have you known the applicant?
- How would you rank the applicant in the following characteristics?
(Please use 0-unknown/not observed, 1-low, 2-below average, 3-average, 4-good, 5-excellent)

Responsibility	Leadership/role modeling
Work habits	Attitude towards authority and rules
Motivation	Sympathy for beliefs or practices of others
Intellectual ability	Discipline
Creativity	

- How would other students rate this applicant in terms of his/her leadership skills?

below average / average / above average / exceptionally strong

- Please tell us things about the applicant that you would wish to know if you were considering him/her for a scholarship. Please include both strengths and weaknesses.
- Please add any other comments, which will assist us in evaluating this applicant.

Recommender's name

Recommender's signature

Occupation

Address

City

State

Zip



KNIGHTS OF COLUMBUS/LADIES AUXILIARY
ST. FRANCIS OF ASSISI COUNCIL 8909
CHRISTIAN STUDENT SERVICE SCHOLARSHIP

(Community Member's Copy)
RECOMMENDATION FORM

You may use this form for the recommendations of the applicant, or if you prefer, you may write your recommendations in the form of a letter including the following information. To maintain confidentiality please send this completed recommendation via mail or email.

Mail	Email
Scholarship Chairperson,, Knights of Columbus St. Francis of Assisi Council 8909 P.O. Box 2316 Castle Rock, CO 80104	scholarships@promotions.KofC8909.org

Name of Applicant (last) (first) (middle)

1. How long have you known the applicant?
2. How would you rank the applicant in the following characteristics?
(Please use 0-unknown/not observed, 1-low, 2-below average, 3-average, 4-good, 5-excellent)

Responsibility	Motivation	Creativity
Serving others	Sympathy for beliefs or	
Work habits	practices of others	
Attitude towards authority	Intellectual ability	
and rules	Willingness to help others	

3. How would you rate the applicant concerning leadership ability in terms of ability to work on committees, enthusiasm, energy, etc.?

below average / average / above average / exceptionally strong

4. If you know specific examples of behavior using sound judgment, please list them.
5. Please tell us things about the applicant that you would wish to know if you were considering him/her for a scholarship. Please include both strengths and weaknesses.
6. Please add any other comments, which will assist us in evaluating this applicant.

Recommender's name

Recommender's signature

Occupation

Address

City

State

Zip



KNIGHTS OF COLUMBUS/LADIES AUXILIARY
 ST. FRANCIS OF ASSISI COUNCIL 8909
 CHRISTIAN STUDENT SERVICE SCHOLARSHIP

(Pastor or Church/Youth Leader)
 RECOMMENDATION FORM

You may use this form for the recommendation of the applicant, or if you prefer, you may write your recommendation in the form of a letter including the following information. To maintain confidentiality please send this completed recommendation via mail or email.

Mail	Email
Scholarship Chairperson, Knights of Columbus St. Francis of Assisi Council 8909 P.O. Box 2316 Castle Rock, CO 80104	scholarships@promotions.KofC8909.org

Name of applicant (last) (first) (middle)

- How long have you known the applicant?
- How would you rank the applicant in the following characteristics?
 (Please use 0-unknown/not observed, 1-low, 2-below average, 3-average, 4-good, 5-excellent)

Forgiving	Motivation
Tolerance of others/appreciates diversity	Leadership/role modeling
Responsibility	Importance of faith in daily life.
Willingness to serve others	

- Please list specific examples of behavior upon which your judgment is based.
- Please tell us things about this applicant that you would wish to know if you were considering him/her for a scholarship. Please include both strengths and weaknesses.
- Please add any other comments, which will assist us in evaluating this applicant.

Recommender's name

Recommender's signature

Occupation

Address

City

State

Zip