

**KELLY ELIZABETH
BAKER
MEMORIAL**

2010 SCHOLARSHIP AWARD

Application Form



Knights of Columbus

St. Mary of Sorrows
Council 8600

Knights of Columbus Kelly Elizabeth Baker Memorial Scholarship Award

St. Mary of Sorrows Knights of Columbus Council #8600 is pleased to announce we are offering the annual **Kelly Elizabeth Baker Memorial Scholarship Award** in the amount of \$1,500.

Applicants must be a graduating high school senior and a daughter or son of a registered member of St. Mary of Sorrows. The intent of the Scholarship is to be used for college tuition. Criteria for Scholarship Award consideration include the applicant's active involvement in civic and religious activities, participation in extracurricular school activities, academic achievements, emotional, spiritual and artistic development in their high school junior and senior years.

Completed applications and related supporting materials to include a grade transcript must be received not later than **May 15th, 2010** for consideration. Please mail applications and related materials to the address listed on the application form. Applications are available in the Parish Center.

After receipt and review of all the applications, the Knights of Columbus Selection Committee will determine the best three for further discussion. A final selection is determined by how well the application articulates their development and progress within the evaluating criteria.

APPLICATION

**St. Mary of Sorrows
KNIGHTS of COLUMBUS Council 8600**

KELLY ELIZABETH BAKER MEMORIAL SCHOLARSHIP AWARD

The Privacy Act of 1974 (P.L. 93.579) requires that you be given the following in connection with this request for information. Pursuant to the requirements of the Act, please be advised:

1. The authority for the collection of this information is Public Law 93-642.
2. The primary purpose for which the information is requested will be used in the selection of an award winner for the Knights of Columbus Kelly Elizabeth Baker Memorial Scholarship Award.
3. Submitting the information requested is voluntary.
4. Failure to complete the form and essay will prevent the applicant from being considered for the award.
5. Information may be used to publicize the applicant's selection for this award.

The following is designed to collect information about your background, your interest and intended area of study. Answers to these criteria will be used in connection with your application for this Scholarship Award and will be made available to the Scholarship Selection Committee.

I. General Information (please type of print)

1. _____
Applicant's Full Name: Last, First, Middle
2. _____
Date of Birth: Month, Day, Year
3. _____
Permanent Home Address: Number, Street, City, Zip Tele No.
4. _____
Father, Step-father, or Legal Guardian: Last, First, Middle
5. _____
Mother, Step-mother, or Legal Guardian: Last, First, Middle
6. _____
University or College you will attend. Include address and tele no.

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II. Written Essay (Attachment A)

Please address the following evaluation criteria:

1. Describe your involvement in civic and religious activities. Indicate the activity, the date of participation and your role.
2. Describe your participation and role in extracurricular school activities (sports, clubs, etc).
3. Describe your academic achievements, emotional, spiritual and artistic (art & music) development in your high school junior and senior years.
4. Describe any life experiences, if any, which you believe have impacted your grades. Note selection is not based on grade point average.
5. Describe your intended area of study, your career path and how you feel it will contribute to society.

III. Recommendation (Attachment B)

To be completed by the applicant's parent, guardian, or other individual selected by the applicant.

1. Describe the applicant's inspirational contribution and extra-curricular activities.
2. Describe why you feel the applicant should receive this award.

Send completed application to:

Knights of Columbus #8600
Selection Committee
Kelly Elizabeth Baker Memorial Scholarship Award
P.O. Box 339
Fairfax Station, VA 22039

Applicant's Signature: _____ Date: _____