



St. Joseph Council #17968 High School Scholarship Application

Dear Applicant:

St. Joseph Council is happy to offer a \$500 scholarship for the 2025 / 2026 academic year. This scholarship award is payable to a school for the purpose of assisting in paying tuition and materials to the school that the selected student plans to attend.

In order to be considered for the scholarship, your application must be completed properly. Please take the time to review the requirements listed in the instructions, complete the information in the attached scholarship application, and review the attached checklist.

- You must submit a copy of the first three quarters of your 12th grade school transcript.
- Please complete the application document.
- Return the application and all required documents per the checklist at the end of the application to the address below on or before, but **NO LATER THAN, May 20th, 2026.**

o St. Joseph Parish
560 Maple
Holtville, CA 92250

- Two scholarship winners will be announced on June, 2026.

ELIGIBILITY RULES:

1. Must be a child or grandchild of an active St. Joseph Parishioner and / or a member in good standing of St. Joseph Knights of Columbus.
2. Must be a member of the St. Joseph Parish for a minimum of (1) one year.
3. The applicant for the scholarship must be in the twelfth(12) grade and must be meeting graduation requirements.
4. The scholarship must be used for the academic year for which it is awarded, and the selected student must be accepted at a junior college, college/university, or technical/trade school.
5. If a recipient is no longer able to attend a post-high school academic program for any reason, the expectation will be that the remaining scholarship award monies, if any, be returned to the Knights of Columbus St. Joseph Council #17968 Scholarship Fund.
6. At the time of application, recipients must have a minimum grade point average of 2.5 at the end of the 3rd quarter of the twelfth grade year.



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1.	Last Name:	First Name:
2.	Mailing Address: Street: City: State: ZIP:	
3.	Date of Birth:	
4.	Name of parent(s) or legal guardian(s): Is the address the same as in question #2? (If no please include address below) Street: City: State: ZIP:	
5a	Is your family an active member of St. Joseph Parish (please check one): Yes No If referred by a Knights of Columbus Council Member, please provide the member's name: Relationship to referring Knights of Columbus Council Member and / or active member of St. Joseph Parish (please circle one): Son Daughter Grandson Granddaughter	
5b	Please describe your family's activities (i.e. time or talent) on behalf of St. Joseph Parish. This could include contributions to the parish and/or participation in parish sponsored programs (i.e. CCD, sacraments, ministries (lector, cantor, altar server, usher, etc.)).	



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6	School Name: School Address: Expected School Graduation Date:
7	Cumulative Grade Point Average (G.P.A):
8	List any academic honors, awards and membership activities:
10	List the schools/programs that you have been accepted to:
12	On a separate sheet please provide a typed essay (not more than 500 words) for the following prompt: The Knights of Columbus believe in CHARITY, UNITY, FRATERNITY, and PATRIOTISM. In 500 words or less, describe how the degree you are pursuing will help you to spread these ideals and principles to your community.



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Statement of Accuracy for Student

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that, if chosen as a scholarship winner, my picture may be taken and used to promote the Knights of Columbus Scholarship Program. (Winner may waive photo due to unusual or compelling circumstances.) I hereby understand that if chosen as a scholarship winner, according to the Knights of Columbus Scholarship policy, I will try to be present at any awards ceremony and/or reception to receive my scholarship award. I hereby understand that if chosen as the scholarship winner, it is my responsibility to submit to the Knights of Columbus Scholarship Committee, no later than **August 14, 2026**, a certificate of enrollment for the fall semester, which includes your Student ID number and Financial Aid Office address. I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____



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Statement of Support by Guidance Counselor

I hereby affirm that this application meets the criteria set forth by this scholarship program and support submission of this application to Knights of Columbus Scholarship Program.

Name of Guidance Counselor: _____

School Name: _____

Contact Information (email and phone number): _____

Signature of Guidance Counselor: _____ Date: _____



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Application Checklist

(Please Initial each field and attach with application)

- _____ Completed application
- _____ Print and sign application and checklist
- _____ School transcript (for the first three quarters of 12th grade only)
- _____ Guidance Counselor signature
- _____ Parent or Guardian signature
- _____ Typed Essay