Knights of Peter Claver, Inc
Knights of Peter Claver Ladies Auxiliary
1012 French Street
Wilmington, Delaware 19801

2026 Scholarship Application Guidelines

The Knights of Peter Claver and the Knights of Peter Claver Ladies Auxiliary established this scholarship program to support Catholic education and help students achieve their educational goals. Scholarships are awarded based on academic achievement, financial need, leadership, and community service. Parents of elementary-level applicants may assist with completing the application; however, middle school, high school, and college applicants are expected to complete their applications independently, with parents providing only general guidance. Applicants are encouraged to submit their best work.

Eligibility:

❶ Grade School or High School applicant: must be enrolled in a Catholic School. Proof of residency is required.

Post-secondary education applicant: must be Catholic or a graduate of a Catholic high school. Proof of residency and parish membership within the Catholic Diocese of Wilmington is required.

Funding Limits: A student may receive a higher-level award only once per level: once in high school and once in college. For grade school and middle school awards, a student may receive up to two awards per level.

❷ Applicant must be preparing to enter into

- Catholic Grade School
- Catholic High School
- Post-secondary Institution or Certificate Program

❸ Applicant must show proof of acceptance into a

- Catholic grade or high school
- Four-year accredited college/university or
- A two-year accredited college/university or
- A post-secondary certificate program.

❹ Applicants in high school or those seeking post-secondary education must have a cumulative grade point average of 2.5 or better. Official transcripts are required.

❺ Applicant must have demonstrated strong leadership skills as well as a dedication to public and community service.

Application Deadline – Post-marked by June 19, by 5:00pm

Application Packet Must Include the Following:

❶ Completed Application Form

❷ Official High School Transcript for applicants seeking post-secondary education

❸ Personal Statement-must be typed (300 words for high school and college students)

❹ Two Scholarship Recommendation Forms are required from Middle School, High-School and Post-secondary applicants.

❺ Proof of parish membership in the Catholic Diocese of Wilmington for post-secondary applicants or be a graduate from a Catholic High School. Example: letter from pastor as proof of involvement in parish.

❻ Proof of residency (i.e. copy of driver's license, pay stub, etc)

❼ Mail All materials, postmarked by **June 19, 2026** to:

Knights of Peter Claver and Ladies Auxiliary
c/o Parish Administrative Coordinator
St. Joseph Catholic Church
1012 French Street
Wilmington, DE 19801

Incomplete or illegible applications will not be acknowledged.

Scholarship Application

For Office Use Only
Date Received: _____

- ▫ Application
- ▫ Transcript
- ▫ Personal Statement
- ▫ Two Recommendati

Student Information

Please print or type.
Name of Scholarship Applicant:

_____
Last/First/M.I.
Student ID: _____ Date of Birth: _____
Address:

_____
Number/Street Zip Code

Name of Parent or Legal Guardian:

_____

Relationship to Scholarship Applicant:

_____

Home Telephone: _____ Cellphone: _____

Email: _____

School Currently Attending

_____

Expected Date of Graduation: _____ Cumulative G.P.A.: _____

School/University/College You Will Attend:

_____
Address:

_____
Number/Street City/State/Zip Code

Are you personally related to or acquainted with any Member of the Knights of Peter Claver or Ladies Auxiliary? If so, please indicate the name and your relationship:

_____
How did you hear about this scholarship?

_____
Have you applied for or received any other scholarships? Please describe:

_____

Academic Data (*Grade School and High-school Applicants)*

Please list all of the schools you have attended. Attach a copy of the most recent report card to this application.

School(s) Attended	Dates of Attendance	Report Card Attached

Please list any special honors or awards you have received:

Academic Data (*Post-Secondary Applicants Only)*

Please list all of the schools/high schools you have attended. Attach an official transcript of the course work at each high school to this application.

High School(s) Attended	Dates of Attendance	Class Rank	Transcript Attached

Please list any special honors or awards you have received:

Leadership/Community Service/Extracurricular Activities

On a separate paper, please type and attach all school and class related extracurricular activities. Also, please list all non-school and community related activities.

Activity	Years	Position	Your Contribution

College/University Data (*Post-Secondary Applicants only*)

Please list your top 5 colleges/universities to which you have applied:

_____

_____

Please list all colleges/universities to which you have been accepted:

_____

_____

Please list possible majors and areas of interest:

_____

_____

Will you attend full time (minimum of 12 credits per semester)? _____

Will you live on campus? _____

Financial Data

How do you plan to pay for your education? □ Student Loans □ Personal Savings □ Employment during non-school hour □ Scholarships □ Parents/Guardian □ Other

Please list any other scholarships you have received:

_____

_____

_____

_____

_____

_____

Personal Statement (Parents may respond for grade school applicants)

On a separate sheet of paper, please type, and attach a concise statement discussing your educational and career goals. Specifically, address how receiving this scholarship will help you achieve your goals.

Certification – You Must Read and Sign

Application is invalid without signature

I certify that all information submitted in and with the application is true and complete to the best of my knowledge. I give permission for the selection committee to contact high school and college officials for additional academic and/or financial information**. I understand that all decisions regarding my application are final and are not subject to further deliberation.** If selected to receive a scholarship, I agree to participate in a press conference and/or awards ceremony held in June.

Applicant Signature:

_____

If under 18 years of age, a parent/guardian must also sign

Date: _____

Remember!

Application Deadline – Post-marked by **June 19, 2026 5:00pm**

Application Packet Must Include the Following:

❶ Completed Application Form
❷ Official High School Transcript or Report Card
❸ Typed Personal Statement
❹ Two Completed Scholarship Recommendation Forms required for Middle School, High-School and Post-Secondary applicants only
❺ Post-secondary applicants only: proof of parish membership in The Catholic Diocese of Wilmington

Mail all materials post-marked by May 31, 2026 to:

Knights of Peter Claver and Ladies Auxiliary
c/o Parish Administrative Coordinator
St. Joseph Catholic Church
1012 French Street
Wilmington, DE 19801

Incomplete or illegible applications will not be acknowledged.

Scholarship Recommendation Form #1

TO BE COMPLETED BY STUDENT APPLICANT:

(This form must be completed. Recommendation letters alone are not acceptable.)

Please sign the authorization and give this recommendation form to a teacher/mentor who knows you well.

I hereby authorize _____ to complete this form.

Under the provision of the Family Educational Rights Act of 1974, I waive my right of access to this recommendation form and understand that the information provided will be used only for the purposes for which it was prepared.

☐ Yes ☐ No

Signature _____ Date _____

TO BE COMPLETED BY PERSON MAKING THE RECOMMENDATION:

Recommendations are to be made by employers, teachers, guidance counselors, coaches, pastor, etc. NOT family or friends.

The aforementioned individual has applied for a scholarship from KPC Council 383/ KPCLA Court 383. Please indicate your opinion of the applicant's ability to pursue college-level course work. **After completing this form, please return it to the applicant in a sealed envelope so they may submit it with their application.**

Length of time you have known applicant:

_____

In what capacity do you know applicant (i.e. teacher, employer, etc?)

_____

Please rate the candidate below by completing the table below:

Check appropriate column for each item below:

	Superior	Average	Poor	Unable to Comment
Ability to present ideas				
Work ethic				
Leadership				
Enthusiasm				
Teamwork				
Dependability				
Adaptability				
Potential for success				

Recommendation completed by:

_____

Please print

Position/title: _____ Telephone: _____

Signature: _____

Please feel free to make additional comments on the back of this form.

Scholarship Recommendation Form #2

TO BE COMPLETED BY STUDENT APPLICANT:

(This form must be completed. Recommendation letters alone are not acceptable.)

Please sign the authorization and give this recommendation form to a teacher/mentor who knows you well.

I hereby authorize _____ to complete this form.

Under the provision of the Family Educational Rights Act of 1974, I waive my right of access to this recommendation form and understand that the information provided will be used only for the purposes for which it was prepared.

☐ Yes ☐ No

Signature _____ Date_____

TO BE COMPLETED BY PERSON MAKING THE RECOMMENDATION:

Recommendations are to be made by employers, teachers, guidance counselors, coaches, etc. ***NOT family or friends****.*

The aforementioned individual has applied for a scholarship from KPC Council 383/ KPCLA Court 383. Please indicate your opinion of the applicant's ability to pursue college-level course work. **After completing this form, please return it to the applicant in a sealed envelope so they may submit it with their application.**

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In what capacity do you know applicant (i.e. teacher, employer, etc?)

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Teamwork				
Dependability				
Adaptability				
Potential for success				

Recommendation completed by:

_____

Please print

Position/title: _____ Telephone: _____

Signature: _____

Please feel free to make additional comments on the back of this form.