



Knights of Columbus

DOWAGIAC COUNCIL, No. 2113
Dowagiac, Michigan 49047

The Dowagiac Knights of Columbus / John Tuka Memorial Scholarship

The Dowagiac Knights of Columbus / John Tuka Memorial Scholarship will provide a \$1,000.00 scholarship to a graduating senior who satisfies the criteria and requirements and who is selected by the Scholarship Committee of the Knights of Columbus, Dowagiac Council # 2113.

CRITERIA:

1. Applicant must be a graduating senior who has sustained a 3.0 or better GPA through the Sophomore, Junior, and Senior years.
2. Applicant shall have participated to some extent in extracurricular activities.
3. Applicant must be from the Holy Maternity of Mary, St. Ann, or Sacred Heart Parishes with a family member registered at one of these parishes. Applicant shall also be a confirmed Catholic man or woman.
4. The first half of the scholarship money will be awarded to the student upon satisfactorily completing the first semester with 12 successful credit hours. The second half of the scholarship money will be awarded upon satisfactory completion of the second semester with 12 successful credit hours. A satisfactory term is a cumulative Grade Point Average (GPA) of 2.5 or better. A letter, accompanied by a copy of the student's transcript, directed to the Secretary of the Dowagiac K of C Council #2113, will serve to provide the student with the first and second half of the scholarship money.
5. The applicant shall provide a copy of his or her high school transcript with this application.
6. Applicant will provide three letters of recommendation from an area business person, Priest, teacher, counselor, or some other reputable person. No relatives allowed.
7. All applications will be reviewed and processed and all information will be kept in strict confidence.

*****PLEASE RETURN THIS APPLICATION AND ATTACHED FORMS TO EITHER
YOUR PARISH OFFICE OR RICHARD GUERNSEY
55525 CALIFORNIA ROAD
DOWAGIAC, MI 49047
(269) 783-0451**

*****APPLICATION MUST BE RECEIVED BY SUNDAY April 8, 2024 *****

Please fill in your name where indicated and give copies of this form to three individuals as listed on the cover sheet (Business person, priest, teacher, counselor, etc.), NO RELATIVES ALLOWED.

NAME: _____ is applying for a scholarship with the Knights of Columbus, Council #2113. Please take the time to provide an assessment of this individual using the key provided. Thank you for your assistance in this matter.

- 1 - Very Satisfactory
- 2 - Satisfactory
- 3 - Unsatisfactory

Cooperation _____

Integrity _____

Emotional Control _____

Leadership _____

Reliability _____

Acceptance by peers _____

Church involvements _____

Comments: _____

Signature _____ Date _____

Printed name: _____ Position or Title: _____

Please return this form to the applicant by **FRIDAY March 29, 2024** so they may have time to complete the application process and submit the proper forms to the Knights of Columbus Council #2113.

Personal Data:

1. Name: _____
Last First Middle Initial

2. Address: _____

3. Age: _____ 4. Birth date: ____ / ____ / ____ 5. Number of years in this parish: ____

6. What are your college intentions?

7. What is your anticipated field of study? _____

8. What activities, functions, or positions have you participated in at the parish level?

Scholarship Data:

1. Cumulative GPA: _____ 2. Class Rank: _____ 3. Class size: _____

4. What special honors, awards or distinctions have you received?

5. In what extra-curricular activities have you participated in, including office and leadership positions?

Financial Data:

1. Father's Name: _____

2. Father's Employer: _____

3. Father's Position: _____

4. Mother's Name: _____

5. Mother's Employer: _____

6. Mother's Position: _____

7. How much have you saved toward college? _____

8. Have you applied for financial aid? _____

9. Have you applied for other scholarships? _____

10. Have you received other scholarships? _____

If so, what is the cash value? _____

11. What are your summer plans? _____

Please outline a budget for your next school year.

NEEDS: Tuition _____

Room/Board _____

Books, etc. _____

MEANS: Scholarships _____

Earnings _____

Financial Aid _____

Indicate unknown if necessary.

Please explain any special family circumstances that the committee should know about. Use additional sheets if required.

Attach a 250 word essay to the application on one of the three topics listed below:

1. The Catholic Church in my life.
2. What an education means to me.
3. How will my education help me to give back to the community?

Please use additional sheets if required and supply us with any additional information you may think would help us in evaluating your application.

Thank you for taking the time to apply to the Dowagiac Knights of Columbus / John Tuka Memorial Scholarship Program sponsored by the Dowagiac Council #2113. Please be assured that all applications will be reviewed by the scholarship committee and that the winner will be announced in a timely manner. If you do not receive this scholarship, we wish to congratulate you on your accomplishments thus far and wish you continued success in your future.

Please fill in your name where indicated and give copies of this form to three individuals as listed on the cover sheet (Business person, priest, teacher, counselor, etc.), NO RELATIVES ALLOWED.

NAME: _____ is applying for a scholarship with the Knights of Columbus, Council #2113. Please take the time to provide an assessment of this individual using the key provided. Thank you for your assistance in this matter.

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