



knights of columbus

ROANOKE Council No. 562

P.O. Box 715

Roanoke, Va. 24004

540-774-8296

www.kofc562.org

Meetings held at

7:30 p.m. 1st & 3rd

Monday's of the month

Date Completed: _____

ALBERT H. CANFIELD MEMORIAL COLLEGE GRANT / SCHOLARSHIP FUND

Eight - \$500 College Grants / Scholarships will be awarded this academic year

To be completed by student:

Application Deadline: April 15

Applicant's Name: _____

Eligible K of C Member: _____

Check if Deceased:

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Father's Name: _____

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Family Parish You Attend: _____

I have been accepted or am attending the following College: _____

Year of study: FR SOPH JR SR Annual Tuition: _____

Description of Study: _____ Major: _____

Have you applied for any other Scholarships / Grants? _____ Amt: _____

Have you been awarded any other scholarships? _____

Employment

1)

Company _____ Address _____

Job Title _____ Dates: _____

Supervisor: _____

2)

Company _____ Address _____

Job Title _____ Dates: _____

Supervisor: _____

Describe your career goals: _____

Committee would like to interview applicant. Please indicate what time and dates after 4/15 and before 5/15 you will be able to be available

Date: _____ What day of week: _____ Time: _____

What school or club offices have you held? _____

Identify school activities, such as athletics, drama, music, newspaper, etc. _____

What scholastic Honors have you received? _____

List any community activity or program you and/or your father have been involved in with KofC Roanoke Council 562 or your Parish: _____

Briefly explain why you need this scholarship/grant: _____

List any other information you think the Committee should consider in evaluating your application (if needed, put on an attached sheet): _____

I authorize my high school/college authorities to release information concerning my character, reputation, scholastic ability, student activities and other financial aid to representatives of the Knights of Columbus College Scholarship Committee.

Date: _____ Student's Signature _____

INSTRUCTIONS



Answer all questions fully.

This Application, transcripts, and SAT report must be received by the Grand Knight or Chairman of the Scholarship Committee no later than April 15th.

All funds for the Sir Knight Albert H. Canfield Memorial Grant / Scholarship Fund have been raised through the evangelization program and sale of religious Christmas cards through the State of Virginia "Keep Christ in Christmas - Send Religious Christmas Cards" annual campaign.

Donations from businesses or individuals are tax deductible and can be made payable to the Council or given to any of your elected members.

Mail to: Grand Knight, Roanoke Council No. 562 or give to any member of the Committee
Attn: College Grant / Scholarship Committee
P.O. Box 715
Roanoke, Va. 24004

Eight College Grants/Scholarships for \$500.00 are available for member's children for all four years of college education or higher learning but applicant must reapply each year to the Committee.

For further information call Scholarship Members

Bob Canfield, PGK, FDD Chairman email: vcancic@aol.com	774-7554	Kevin Wagner, GK	915-7747	Mike Gibson	989-4980
		Joseph Moses, PGK	342-4143	Jim Sullivan, PGK	774-7034



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MUST BE RECEIVED BY APRIL 15

Membership Certification

Name of Applicant: _____
Name of Knight: _____
Membership #: _____
Relationship to Member: _____

(Must be a member's spouse or a child by birth or legally adopted to a member or widow in good standing.)

I certify that the above information is true, to the best of my knowledge, and that the member above is in good standing in this Council.

DATE

SIGNATURE OF THE FINANCIAL SECRETARY
ROANOKE COUNCIL 562

In case of Deceased Member:

I certify that the above information is true, to the best of my knowledge, and that the member above was in good standing in this council at the time of his death.

DATE

SIGNATURE OF THE FINANCIAL SECRETARY
ROANOKE COUNCIL 562

Council Seal

To:
Grand Knight, Roanoke Council 562
P.O. Box 715
Roanoke, Va. 24004

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To be completed by High School Principal or College Registrar:

The information requested for completing this form will be held in strict confidence by the Knights of Columbus Scholarship Committee.

1) Name of Applicant: _____

2) Address of Applicant: _____

3) Enclose a complete transcript of the applicant's academic record, such as would be sent
to a college admissions office.

4) Is there any other academic information not included on the applicant's transcript that you think
the committee should know? _____

5) Do you think that the applicant's character and reputation make him/her a good representative
of your school and a worthy candidate for a grant/scholarship awarded by the Knights of Columbus?
Please comment. _____

6) Will the applicant attend college without aid? _____

7) Has the applicant obtained financial aid for use in September? _____

8) What is your considered recommendation to this committee concerning this applicant for a
Knights of Columbus scholarship, grant or loan? _____

Principal's/Registrar Signature: _____ Date _____

High School or College: _____