



*Father James A. Donnelly  
Council # 11782  
Knights of Columbus*

**COLLEEN BETZAL MEMORIAL SCHOLARSHIP**

**STUDENT APPLICATION - 2024**

**(To be completed by the student, parent or guardian + returned by May 17<sup>th</sup>, 2024)**

**DIRECTIONS:** Please type or print and complete all information.

**{AN ACADEMIC TRANSCRIPT MUST BE PROVIDED BY THE GUIDANCE COUNSELOR OF YOUR HIGH SCHOOL}.**

**PART 1 - Essential information**

A. Please complete the following information.

NAME: \_\_\_\_\_  
(First) (MI) (Last)

\_\_\_\_\_  
(Street Address) (City)

\_\_\_\_\_  
(ZIP) (Telephone Number)

\_\_\_\_\_  
(High School)

\_\_\_\_\_  
(Guidance Counselor's Name) (Telephone Number)

**Part II - Activity Information**

A. List all school activities/organizations, years of memberships, positions held, duties, etc. that you have been associated with during ninth, tenth, eleventh and twelfth (clubs, teams, organization, etc.). (If additional space needed, please use the back of this page).

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B. List all community activities/organizations, years of membership, positions held and duties that you have completed during your high school years. (All grades, clubs, teams, organizations, etc.)

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**Part III – References**

List references below that you believe would support your candidacy. A letter of recommendation is necessary to verify service performed by the applicant. Please include letter(s) with this application.

References

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**PART VI– Affirmation**

**A. Read the following paragraph and affix your signatures.**

**Return this application with the necessary letter(s) of recommendation as requested.**

**We affirm that the following information contained in this application is true and accurate to the best of our knowledge, and we are aware that any inaccurate information or any discrepancy between this information and any future documents may eliminate the applicant from further consideration for this scholarship award.**

\_\_\_\_\_  
(Student Nominee’s Signature)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(DATE)