KNIGHTS OF COLUMBUS

Father James Hoge Assembly No. 1547

P. O. Box 945

Lecanto, Florida 34461

The Knights of Columbus, Father James Hoge Assembly is soliciting eligible candidates for this academic year (2019 - 2020) for a scholarship award.

ELIGIBILITY:

Senior students who are candidates for graduation from a Citrus County High School in 2020 and are a dependent of a First Responder (Police/Sheriff, Fire, Emergency Services) and meet the set criteria established by the Assembly.

SELECTION CRITERIA AND DOCUMENTATION:

- i A G.P.A. of 3.0 or greater as indicated on official transcript.
- i Submit a well-developed, written or typed essay of no less than 300 words on the following topic:
 - "PATRIOTISM AND HOW WILL YOU APPLY IT TO YOUR LIFE"
- i Submit proof of acceptance from the college, university or technical college you will be attending in the fall.
- i Sealed copy of your transcript or may request school to email the transcript to mikeandnaomi@hotmail.com.
- i Submit a completed application.

For further instructions please contact your Guidance Counselor.

Please submit your completed application to: KNIGHTS OF COLUMBUS

Father James Hoge Assembly No. 1547

P. O. Box 945

Lecanto, Florida 34461

NO LATER THAN FRIDAY, APRIL 10, 2020. The application must be postmarked no later than April 10th to be accepted.

KNIGHTS OF COLUMBUS

FATHER JAMES HOGE ASSEMBLY No. 1547 P. O. BOX 945 LECANTO, FLORIDA 34461

SCHOLARSHIP APPLICATION – ACADEMIC YEAR 2019 – 2020 PLEASE PRINT CLEARLY, ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED

| HIGH SCHOOL |
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| HIGH SCHOOL |
| Monday, March 30, 2020. Friday, April 10, 2020. |
| NAME |
| ADDRESS |
| PHONE NUMBERDOB |
| PHONE NUMBERDOB Applicant must be a dependent of a Citrus County First Responder (Police/Sheriff |
| Fire, Emergency Services) |
| MEMBER'S NAME |
| DEPARTMENT AND ADDRESS |
| RELATIONSHIP TO APPLICANT |
| COLLEGE/UNIVERSITY |
| LOCATION |
| I hereby request that a copy of my transcript and a copy of my college acceptance |
| letter be attached to this application. |
| STUDENT'S SIGNATURE |
| DATE |