

**St. Mary's Knights of Columbus Council # 11690
JOHN DRANE MEMORIAL SCHOLARSHIP**



Application postmarked deadline: **May 15th, 2024**

**APPLICANT
DATA**

Last Name _____ First _____ Middle Initial _____
Address _____ Apt. # _____
City _____ State _____ Zip Code _____
Date of Birth: Month _____ Day _____ Year _____ Phone () _____
Email Address _____

PARENT / LEGAL GUARDIAN

Last Name _____ First _____ Middle Initial _____
Address _____ Apt. # _____
City _____ State _____ Zip Code _____
Relationship to Applicant _____

**HIGH SCHOOL
DATA**

School Name _____ Graduation Date: Month _____ Year _____
City _____ State _____ Phone () _____

**POST
SECONDARY
SCHOOL DATA**

Name of post-secondary school you plan to attend. **Please use the official school name.**

School _____ City _____ State _____

4-year College or University 2-year College Vocational – Technical School

Other, EXPLAIN _____

Year in post-secondary program next school year: 1 2 3 4 5

Major/Field of course or study _____ Anticipated graduation date: Month _____ Year _____