

**Long Valley Knights of Columbus Council #10419  
Scholarship Application**



**ELIGIBILITY:**

Any graduating high school senior residing within the Washington Township area or otherwise sponsored by a member of the Long Valley Knights of Columbus Council #10419. Candidates must be a practicing Catholic and be accepted to a two or four-year program at an accredited college, university or Trade School for the 2026-2027 school year.

**SELECTION:**

Selection of the scholarship recipient(s) will be based primarily on demonstrated community / church service, academic achievement and financial need. To ensure objective evaluation, the scholarship committee will be reviewing applications that have had all personal information redacted.

**SCHOLARSHIP AWARD**

**The Long Valley Knights of Columbus Council #10419 awards multiple scholarships of \$2,000. These awards are made by the Scholarship Committee on the basis of the information submitted. The award decisions of the Scholarship Committee are final. Recipients will be notified by mail and by phone. The scholarship award is a one-time grant. If the applicant receives a full scholarship, the Long Valley Knights of Columbus Council #10419 asks that you notify the Scholarship Committee so that another individual in need might receive this scholarship.**

**DEADLINE:**

Applications must be postmarked by May 26, 2026. Under no circumstances will applications be accepted after the May 26<sup>th</sup> deadline.

**INSTRUCTIONS:**

Please complete all sections of this application. Please write legibly. You may attach additional information (i.e., Letter of recommendation(s), personal letters, artwork, etc) that you feel would help the scholarship committee make their decision.

**Mail completed application to: Long Valley Knights of  
Columbus Council #10419  
Scholarship Committee  
PO Box 27  
Schooley's Mountain, NJ  
07870**

# Long Valley Knights of Columbus Council #10419 Scholarship Application



**Students Biographical Information:**

First Name		Last Name	
Address	City	State	Zip Code
Phone		Date of Birth	
Email Address			

**Guardian Information:**

Father or Adult Guardian	Religion
Mother or Adult Guardian	Religion

**Parish Affiliation:**

Name of Church:
Address:

**I certify that the applicant is a practicing Catholic:** \_\_\_\_\_

**Pastor's Signature**

**KNIGHTS OF COLUMBUS SPONSOR** (Required if applicant is not a resident of Washington Township but optional if parish affiliation is certified by Pastor):

Name: \_\_\_\_\_ Council #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_

**IMPORTANT:** Prior to signing the signature box, please fill in all applicable information on the previous pages. Make sure that you have responded accurately to all items.

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. If requested, I agree to give proof of information provided. Falsification of information may result in forfeiture of any scholarship granted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_

# Long Valley Knights of Columbus Council #10419 Scholarship Application



**PRIVACY POLICY:** The Long Valley Knights of Columbus Council #10419 respect the privacy of each individual who applies for a scholarship with the Knights of Columbus. The Knights will not circulate or publish any information collected from this application. You should feel free to provide information that will be solely used for the intent of selection of the final recipients by the scholarship committee.

**College Data:**

Name of School you will attend: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Date of Acceptance: \_\_\_\_\_

**Academic Information:**

High School attended: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ SAT/ACT Scores: Math: \_\_\_\_\_ Verbal: \_\_\_\_\_ Essay: \_\_\_\_\_

Note: Equivalent scores for three common grading systems are given. If your school uses a different system, ask your school counselor which equivalent to select. Your application **cannot** be accurately evaluated if you omit this item.

1. **Grade Point Average:** Indicate your OFFICIAL cumulative grade-point average on an **unweighted** basis at the end of each year from the list below. Please attach a copy of school transcript if available.

9	10	11	12	Grade	Percentage	GPA value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A	90 – 100	3.5 - 4.0
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B	80 – 89	2.5 - 3.49
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	70 – 79	1.5 - 2.49
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D	60 – 69	1.0 - 1.49
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F	0 - 59	0.0

2. **Class Rank: Important:** Your application cannot be accurately evaluated if you omit this item. You must include information for A and B if your school ranks its students. If your school does not rank its students, please select an estimated percentage for item C below as an alternative.

A. Enter your exact class rank at the end of your junior year. \_\_\_\_\_

B. Enter the size of the entire class. \_\_\_\_\_

Divide Box A by Box B and multiply by 100 to get class rank in %. \_\_\_\_\_

C. If your school does not rank its students, ask guidance counselor for an alternative, such as top 1%, top 2%, etc. \_\_\_\_\_

# Long Valley Knights of Columbus Council #10419 Scholarship Application



## School Activities

From the activities below, indicate those in which you were elected, appointed, or participated in for grade levels 9 through 12.

<b>1. Student Council</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Additional Comments</b>
President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Secretary Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>2. Class Officer</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Additional Comments</b>
President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Secretary Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>3. National Honor Society</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Additional Comments</b>
President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>4. School Newspaper or Publication</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Additional Comments</b>
Editor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assistant Editor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Business Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/Contributor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Enter the involvement: \_\_\_\_\_

Name the publication(s) \_\_\_\_\_

<b>5. School Yearbook</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Additional Comments</b>
Editor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assistant Editor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Business Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Staff/Contributor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Enter the involvement: \_\_\_\_\_

# Long Valley Knights of Columbus Council #10419 Scholarship Application



6. School Related Clubs	9	10	11	12	Additional Comments
President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Secretary Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Enter the name of club(s): \_\_\_\_\_

7. School Music Programs	9	10	11	12	Additional Comments
Band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orchestra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Choir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Enter the program(s): \_\_\_\_\_

8. School Sports	9	10	11	12	Additional Comments
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Enter the sport(s): \_\_\_\_\_

9. School Theater	9	10	11	12	Additional Comments
Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assistant Director Stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Acting positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Enter the name of play(s): \_\_\_\_\_

10. **AWARDS:** List all academic awards, honors and special recognition you have received during your high school years.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Long Valley Knights of Columbus Council #10419 Scholarship Application



## Religion and Activities

From the boxes below select items where you participated in religious activities.

<b>1. Youth Group</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Additional Comments</b>
President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Secretary Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>2. Youth/Adult Choir</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Additional Comments</b>
Participan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
t Choir	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>3. Alter Server</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Additional Comments</b>
Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assistant Trainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____ N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Name of church(s): \_\_\_\_\_

<b>4. CCD Instructor or Helper</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Additional Comments</b>
Participant/Instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____ N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Name of church(s): \_\_\_\_\_

<b>5. Youth Day or Retreats</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Additional Comments</b>
Participant/Instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Organizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Enter the year(s) attended and involvement: \_\_\_\_\_

<b>6. Other Religious Youth Activities:</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Additional Comments</b>
Name of activity(s): _____					Participant/Instructor
Organizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Enter the year(s) attended and involvement: \_\_\_\_\_

**7. AWARDS:** List all awards, honors and special recognition you have received in Religious Activities:

\_\_\_\_\_

# Long Valley Knights of Columbus Council #10419 Scholarship Application



## Community Activities and Clubs

From the boxes below select items where you participated in the community. Enter the name of non-related school clubs (e.g., Boy Scouts or Girl Scouts, 4H, Operation Chillout, Squire, DARE, etc. and positions held)

<b>1. Name:</b> _____	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Additional Comments</b>
President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Secretary Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Enter the involvement: \_\_\_\_\_

<b>2. Name:</b> _____	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>Additional Comments</b>
President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Secretary Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Enter the involvement: \_\_\_\_\_

**3. Awards for participation:** \_\_\_\_\_

Enter the year of award and what for: \_\_\_\_\_

**4. Do you help with any senior citizen groups**  Yes  No

Enter the year and involvement: \_\_\_\_\_

**5. Awards received at the state and national level:**  Yes  No

(i.e., Girls/Boys State delegate, All-State Choir, National Merit Semifinalist)

Enter the year of award and what for: \_\_\_\_\_

**6. Community Organizations**  Yes  No

Indicate the number of community organizations to which you have belonged each year since your freshman year (e.g., Multi-cultural, Salvation Army, soup kitchen, Special Olympics, hospital volunteer, neighborhood beautification project, YMCA/YWCA, Boys Club, Girls Club) Enter the year and involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant # \_\_\_\_\_

## Employment Activities

List the participant's employment history during high school years.

**Long Valley Knights of Columbus Council #10419  
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1            Company: \_\_\_\_\_            Period of employment: \_\_\_\_\_

Job Duties: \_\_\_\_\_

2            Company: \_\_\_\_\_            Period of employment: \_\_\_\_\_

Job Duties: \_\_\_\_\_

3            Company: \_\_\_\_\_            Period of employment: \_\_\_\_\_

Job Duties: \_\_\_\_\_

4            Company: \_\_\_\_\_            Period of employment: \_\_\_\_\_

Job Duties: \_\_\_\_\_

5            Enter total number hours work during school: \_\_\_\_\_

**Family Financial Situation**

Describe any circumstances you would like the Scholarship Committee to consider which might indicate a financial need: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will other family members be attending college during the same school year?            Yes    No  
If yes, how many? \_\_\_\_\_               

**Please use this space to include any additional activities\details which were not addressed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant # \_\_\_\_\_