

# NEW HAMPSHIRE STATE COUNCIL

## 2017

### Scholarship Announcement



### KNIGHTS OF COLUMBUS

#### The Bishop Matthew F. Brady Memorial Scholarship Fund

1. Four or more \$750 Scholarships.
2. Eligibility:
  - a. Wives, dependent children, dependent grandchildren, and dependent great-grandchildren of members in good standing of a Council within the jurisdiction of the State of New Hampshire.
  - b. Wives, dependent children, dependent grandchildren, and dependent great-grandchildren of deceased members (in good standing at the time of their death) of a Council within the jurisdiction of the State of New Hampshire.
  - c. Members (in good standing) of a Council within the jurisdiction of the State of New Hampshire.
3. Applications may be obtained from the Scholarship Chairman, the New Hampshire Knights of Columbus Web Site ([nhknights.org](http://nhknights.org)), State Officers, District Deputies or Grand Knights.
4. Application deadline is July 1, 2017.

Request Information or an Application by Mail or Phone

James Hurley  
State Scholarship Chairman  
112 Old Walpole Road  
Keene, NH 03431-4916  
603-352-5047

Leave the Full Name, Phone Number and Complete Address of the Scholarship Applicant When Requesting Information

Request Information or an Application on the Internet by Email

[BradyScholarship@hotmail.com](mailto:BradyScholarship@hotmail.com)

Retrieve the Entire Application from the New Hampshire Knights of Columbus Web Site

<http://www.nhknights.org>

# NEW HAMPSHIRE STATE COUNCIL

2017



## KNIGHTS OF COLUMBUS

### The Bishop Matthew F. Brady Memorial Scholarship Fund

#### APPLICATION PROCEDURE

1. Applicant should complete the attached application.
2. Applicant should bring the application to the Financial Secretary of the local Council and request that the certification section of the application be completed.
3. In addition to this application form, two other documents should be submitted by the applicant. These documents are the following.
  - a. A recent Transcript of High School grades (if applicant is a high school senior,) or a recent Transcript of College grades (if applicant is a college student.)
  - b. A copy of the Financial Aid Award Letter that will be sent by the school that the applicant plans to attend in the fall.

Both of these documents are essential for the members of the Scholarship Committee for evaluating the academic potential and the financial need of the applicants. If an application is not accompanied by these documents, the Scholarship Committee may not consider it.

5. The Application must be submitted by Postal Mail.
4. Application deadline: Postmarked no later than July 1, 2017.

# 2017

Applicant \_\_\_\_\_  
Last Name First Name Initial

Home Address \_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_ Home Phone Number Cell Phone Number Email Address

Current School Attending \_\_\_\_\_ School Attending in 2017 \_\_\_\_\_  
Name of High School or College Name of College

I will be a \_\_\_\_\_ Resident, \_\_\_\_\_ Non-Resident Student Majoring in \_\_\_\_\_  
List College Major Here

Father, Grandfather or Great Grandfather of Applicant (This name also goes on the Certification Section on page 4.)

\_\_\_\_\_ Last Name First Name Council Number Council Location

Applicant's Total Family Income for the Year 2016 \$ \_\_\_\_\_  
Amount Reported on 2016 Federal Tax Return

Applicant's Father's Total Income for the Year 2016 \$ \_\_\_\_\_

Applicant's Mother's Total Income for the Year 2016 \$ \_\_\_\_\_

Applicant's Total Income for the Year 2016 \$ \_\_\_\_\_

Applicant's Family's Dependent Children \_\_\_\_\_  
Number Claimed on 2016 Federal Tax Return Number If Different This Year (2017)

## Draw up a table of educational resources and expenses for the coming school year.

Resources	Expenses
From Family \$ _____ Amount of Money Family Will Contribute	Tuition, Fees, Books \$ _____ Expected Costs
Personal Contribution \$ _____ Amount of Money You Will Contribute	Room and Board \$ _____ Expected Costs
Other Resources \$ _____ Grants, Loans, Scholarships and Other Sources	Personal Expenses \$ _____ Expected Costs
Total Resources \$ _____	Total Expenses \$ _____

Excess of Expenses over Resources \$ \_\_\_\_\_  
(Subtract Resources from Expenses)

## 2017

Below, give a short narrative detailing your need for financial assistance. It would be helpful for the members of the Scholarship Committee to know if there have been extraordinary health needs for any member of your family, if there are other brothers and/or sisters presently in college or if there is presently the problem of unemployment being experienced by you, your father or mother. You may attach another sheet of paper if necessary.

**If you word process and print this document it will be easier for the committee to read it.**

Below give a short narrative detailing some examples of your participation in volunteerism including volunteer work within your parish and/or the Knights of Columbus. It would be helpful for the members of the Scholarship Committee to know about your participation in events that have benefited others, your parish and/or the Knights of Columbus. You may attach another sheet of paper if necessary.

**If you word process and print this document it will be easier for the committee to read it.**

**2017**

**Certification Section**

**This document contains Scholarship Application Information**

Financial Secretary Section

For \_\_\_\_\_  
Print the Name of the Applicant

Who is a Member of the Knights of Columbus **Yes** or **No** (Circle the Answer)

Or who is the Dependent Child, Dependent Grandchild, Dependent Great-Grandchild or Spouse of  
(Circle the Answer)

\_\_\_\_\_  
Print the Full Name of the Knight (This is the same name as found on page 2.)

A member in good standing or a deceased member who was in good standing in Council \_\_\_\_\_  
Council Number

\_\_\_\_\_  
Print the Name of the Financial Secretary Council Number Financial Secretary Name

\_\_\_\_\_  
Signature of the Financial Secretary Date Financial Secretary Signature

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**Applicant Section**

I \_\_\_\_\_ attest that all of the information in this application is true.  
Print the Name of Applicant

\_\_\_\_\_  
Signature of Applicant Date

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**Mailing Instructions**

The Scholarship Application and all accompanying information required in the Application Procedure must be mailed to the Scholarship Chairman at the address given below. All Application materials must be postmarked no later than July 1, 2017.

James Hurley  
State Scholarship Chairman  
112 Old Walpole Road  
Keene, NH 03431-4916