# KNIGHTS OF COLUMBUS



Walden J. Rooney 5 Mountainview Blvd. S. Burlington, VT 05403 802-864-1880 - home 802-654-1125 - office

### 2015 ARCHIE MYERS SCHOLARSHIP PROGRAM

Our council's scholarship has received a new name. It is now known as the Archie Myers Memorial Scholarship Award. Brother Archie brought more than 100 members into our council. He also served on the scholarship committee for many years. It is only fitting to have the scholarship named in his honor.

Each year, our council awards up to three scholarships to graduating sons or daughters who have matriculated to an accredited college or university. The qualifications for application are simple.

- 1. You must be the son or daughter of a member in good standing. This means that council dues must be fully paid
- 2. You must be a graduating senior from High School.
- 3. You must have been accepted to an accredited university or college as a full time student. Proof of matriculation is required before scholarships are finally awarded.

No specific field of study is required for this award. A printable copy of the application form is available, or you may call the Scholarship Committee Chairman, Walden Rooney, at 862-8154 for a copy.



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#### APPLICATION FOR SCHOLARSHIP

Applicant's full name First	Middle	Last
Address		
City or Town		
Phone Number	Date of	f Birth
School you now attend		
School's Address		
Name of School's Principal	·	
Father's/Grandfather's Name		
Number of siblings also attending	a post-high school pro	gram
Give the name of the Council's Fin	ancial Secretary	
How did you learn about this schol	arship program?	
· · · · · · · · · · · · · · · · · · ·		

Please include a list of colleges or schools to which you have applied for admission and the names of any that have accepted you.

Please include any other information and letters of recommendation that you feel is important to your application. Candidates area strongly encourage to include letters of recommendation from a non-relative who can address your particular qualifications and financial need. Use the reverse side for your summary. Please be sure to sign and date the application and mail to the Scholarship Committee by May 1<sup>st</sup>, to the above address.



# Knights of Columbus

### SAINT JOHN VIANNEY COUNCIL, No. 7525 P.O. Box 9214 South Burlington, Vermont 05407

#### APPLICATION FOR SCHOLARSHIP

Part II: Applicant's Personal Record

success and official recommendation.

Please fill in your name and address and then give this form to your school Principal or Guidance Director. Request that the remainder of the application be completed promptly and be mailed to **Mr. Walden Rooney, 5 Mountain View Blvd., So. Burlington, VT 05403**. Your application will not be considered complete until this part of the application is received.

First	Mi	ddle	Last		
Address			Phone		
City/Town			_State	Zip	
To School Personnel:					
The above named student is applying the form and return to Mr. Walden Ro desires to receive all information that	ooney at th	e above addr	ess. The So	cholarship Co	mmittee
his/her experience. The information for					
his/her experience. The information for the Committee. Thank You.	urnished w	vill be treated	in a strictly	confidential	manner by
his/her experience. The information for the Committee. Thank You.  Personal Characteristics of Applicant	urnished w	vill be treated	in a strictly	confidential	manner by
his/her experience. The information for the Committee. Thank You.  Personal Characteristics of Applicant  A. Personal Health	urnished w	vill be treated	in a strictly	confidential	manner by
his/her experience. The information for the Committee. Thank You.  Personal Characteristics of Applicant  A. Personal Health B. Emotional Stability	urnished w	vill be treated	in a strictly	confidential	manner by
his/her experience. The information for the Committee. Thank You.  Personal Characteristics of Applicant  A. Personal Health B. Emotional Stability C. Social Adjustment	urnished w	vill be treated	in a strictly	confidential	manner by
his/her experience. The information for the Committee. Thank You.  Personal Characteristics of Applicant  A. Personal Health B. Emotional Stability C. Social Adjustment D. Maturity related to age	urnished w	vill be treated	in a strictly	confidential	manner by

Attach copy of Secondary School Record, including test, Principal's estimate of applicant's