

APPLICANT'S FULL NAME (please print): \_\_\_\_\_

REV. MICHAEL J. BADER MEMORIAL SCHOLARSHIP

APPLICANT AND FAMILY INFORMATION SHEET

*Special Note: Applicants who do not have a Father or a Grandfather who is a member of the Knights of Columbus in good standing are still eligible to apply for this scholarship only if they are a member of a Squire or Squire Roses Circle in the Commonwealth of Virginia.*

- 1a. Is the applicant a member of a Squire or Squire Roses Circle in the State of VA. Yes \_\_\_ No \_\_\_  
1b. If "yes" above, identify the name of your Circle \_\_\_\_\_, name and telephone number of your Counselor \_\_\_\_\_

2. Applicant Address: \_\_\_\_\_

3. Telephone: \_\_\_\_\_ email \_\_\_\_\_

4. Father's Name: \_\_\_\_\_ Gross Income: \_\_\_\_\_

Occupation: \_\_\_\_\_ KofC Council # \_\_\_\_\_

5. Mother's Name: \_\_\_\_\_ Gross Income: \_\_\_\_\_

\*\*\*\*\*Note: Judges will hold all information in confidence\*\*\*\*\*

6. High School Counselor Name & Telephone number: \_\_\_\_\_

7. Age(s) of sibling(s) at home (other than applicant) \_\_\_\_\_

Age(s) of sibling(s) currently in college: \_\_\_\_\_

8. Name of College(s) to which applicant has applied – indicate early acceptance status if applicable:

9. Intended Major? \_\_\_\_\_

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10. Name(s) and amount(s) of other Scholarships received to date:

11. Do you expect to receive any other financial assistance other than from your parents?

If so, how much?

12. Assemble and send a Microsoft Word or PDF typed, all inclusive, resume or itemized list of all extra-curricular activities since entering High School. Whether a list or a resume, activities are to be ***separately listed*** under the headings of: School-Community-Church-and Family. A complete application requires the applicant to have submitted a Form BF1, Form BF2 and Form BF3 and have them sent to the scholarship chairman to arrive on or before March 31, 2018. It is incumbent upon the applicant to confirm that the BF2 and BF3 forms have been sent. They could be sent independently or packaged together with the Form BF1.

DATE: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_

Parent (or legal guardian) signature: \_\_\_\_\_

RETURN TO  
Steven L. Payne, Scholarship Program Chairman  
9932 Commonwealth Blvd.  
Fairfax, VA 22032-2409  
[spayne9932@verizon.net](mailto:spayne9932@verizon.net)