

FULL NAME OF APPLICANT: \_\_\_\_\_

REV. MICHAEL J. BADER MEMORIAL SCHOLARSHIP

HIGH SCHOOL CERTIFICATION

Dear Principal and/or Counselor,

The information requested concerning the student who presents this form to you will be held in strict confidence by our judging committee. We ask you to quickly complete this form and return it directly to the below named chairman to arrive no later than March 31, 2018. Late arrival will eliminate this student from competition.

1. Applicant's address: \_\_\_\_\_

2. Please provide the applicant's grade point averages for grades:

10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_ 12<sup>th</sup> (to date) \_\_\_\_\_

2a. has the applicant successfully completed Advanced Placement (AP) College level work? Y or N  
If yes, please list the course work on the reverse side of this form.

3. Do you have personal knowledge regarding the applicant's academic, personal or family situation that could cause the judges to more favorably consider this applicant's application for this scholarship? Y or N - If yes, kindly provide such information for us on the reverse side of this form.

4. Do you believe the applicant will be able to attend College without financial aid? Y or N

5. Do you recommend this applicant for a Knights of Columbus Scholarship? Y or N

Principal, Counselor or Authorized Preparer (please print) \_\_\_\_\_

Name of School: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ email: \_\_\_\_\_

Signature of Principal or Authorized Preparer and Date:

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

RETURN TO  
Steven L. Payne, Scholarship Program Chairman  
9932 Commonwealth Blvd.  
Fairfax, VA 22032-2409