

Full Name of Applicant: \_\_\_\_\_

REV. MICHAEL J. BADER MEMORIAL SCHOLARSHIP

MEMBERSHIP CERTIFICATION

Worthy Financial Secretary: Please complete this form in Hard Copy or online and forward immediately to the Bader Scholarship Chairman so that IT WILL ARRIVE ON OR BEFORE MARCH 31, 2018, **INCLUDE COUNCIL SEAL BELOW.**

**\*\*\*Special Note: Applicants who do not have a member (Father or Grandfather) in a Knights of Columbus Council are eligible to apply for the scholarship if the applicant is a member of a Squire or Squire Roses Circle in the Commonwealth of Virginia. \*\*\***

Name of Father/Grandfather – Brother Knight: \_\_\_\_\_

Council Name: \_\_\_\_\_ Council Number: \_\_\_\_\_

Relationship of Applicant to Member: \_\_\_\_\_

I certify that the above information is true, to the best of my knowledge, and that the member is in good standing in this Council.

IN CASE OF A DECEASED MEMBER:

I certify that the above information is true, to the best of my knowledge, and that the member was in good standing in this Council at the time of his death.

\*IN CASE THE APPLICANT DOES NOT HAVE A RELATED MEMBER IN A VIRGINIA COUNCIL\*

I certify the applicant is a member of a Virginia Squire or Squire Roses Circle # \_\_\_\_\_  
In good standing.

DATE: \_\_\_\_\_ Signature of Financial Secretary: \_\_\_\_\_

Council Name and Number: \_\_\_\_\_

SEAL

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