

Father John F. Murray Scholarship Application

Section I

Applicant: _____

Address: _____

Telephone: (____) _____ **D.O.B:** _____

Parish: _____ **Diocese:** _____

Section II

Squires Circle: _____ **Membership Date:** _____

Sponsoring Council: _____

Offices Held and Activities: _____

Signature of Chief Counselor: _____ **Date:** _____

Section III

Name of Catholic High School _____

Address: _____

Tuition: _____

Signature of Applicant: _____ **Date:** _____

Section IV

Important-Applicant Must be submitted to the Grand Knight no latter than March 1. Copy of school transcript must accompany application.

Sponsor: _____

Name of Grand Knight _____ **Membership No.** _____

Council Name and No. _____

Signature Of Grand Knight: _____