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# Thomas Christopher DeLalla Memorial Scholarship

## Application

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NAME: \_\_\_\_\_ GPA: \_\_\_\_\_  
Type or print clearly through 1<sup>st</sup> semester senior yr.

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ GUIDANCE COUNCILOR: \_\_\_\_\_

COLLEGE: \_\_\_\_\_  
COLLEGE / OTHER INSTITUTION YOU PLAN TO ATTEND INTENDED MAJOR

Applicants must be a resident of Mount Olive Township, attend Mt. Olive HS or the child of any Knights of Columbus Council 6100 member. This \$1000 scholarship will be awarded to the candidate who has best demonstrated commitment and leadership in organizations and activities to benefit others, the community and the youth of Mount Olive Township. Special consideration will be given for leadership and participation in activities / programs which benefit local community youth organizations (e.g. religious organizations, squires, youth groups, sports, scouting, other local youth based organizations).

- Please answer **all** of the following questions. Use additional paper as needed.

*Include all leadership positions and offices held.*

1. List **School Activities** and Year of Participation:
2. List **Community Activities** and Year of Participation:
3. List **Church/Religious Institution Activities** and Year of Participation:
4. List any **Work Experience** - Business Name, Job Description and Year:
5. **Essay** - state your reasons for:
  - A) **WHY** a scholarship is important to you and
  - B) **WHAT** you did specifically that would qualify you as the best candidate to receive this scholarship.

- Provide any additional supportive information that will aid the Scholarship Committee.
- Return completed application to your Guidance Office by date indicated by your high school or send in PDF format (preferred) to [6100scholarships@gmail.com](mailto:6100scholarships@gmail.com) no later than April 21<sup>st</sup>.
- Additional information can be obtained on line at: <http://www.kofc6100.org>