APPLICATION FOR SCHOLARSHIP

Knights of St. John, International Commandery #313 Maria Stein, Ohio 45860

Must be completed and returned by Feb. 8 2024

Father must be in good standing with the Knights as a Lifetime member or at least 5 years membership

Must be a Son, Step- Son, Daughter or Step- Daughter

Scholarship will be awarded at the Knights breakfast in March

You must complete 1 semester with a B average from a accredited school.

Have member bring in to a regular Knights meeting and it will be paid out at next meeting.

All paperwork must be in to be considered. (Have recommentions put in a sealed envelope). Please check that your recomedtion has been sent

Thank you

APPLICATION FOR SCHOLARSHIP

Knights of St. John, International Commandery #313 Maria Stein, Ohio 45860

APPLICANT						
ADDRESS		Last Name	First Name	Middle Name		
EMAIL	EMAIL Telephone					
Father's Name	(Guardian)		Years of Membership	to		
Name of High	School Attending					
Address of Hig	h School					
Name of Couns	selor					
Graduation Da	te					
Please attach a short essay on why the Knights are important to our community. Plus how we get more young people involved. Check Dates Taken or Dates to be Taken 1. PSAT 2. ACT 3. SAT Though I may change my mind, the school or college I plan to attend is Though I may change my mind, I plan to major in I HEREBY APPLY FOR THE SCHOLARSHIP AND AGREE TO ABIDE BY THE RULES AS PUBLISHED WITH						
THIS ANNOUN	ioement					
			Signature of Appl	icant		
			Signature of Parent or	Guardian		
Return this application along with 1) a transcript of your academic record and 2) a list of your extracurricular activities by no later than Feb. 8						
Return to: Knig 45860	ghts Scholastic A	ssistance Committee, %	Maria Stein Branch, The St. Henry Ba	ank, Maria Stein, Ohio		
Each applicant is to include at least three (3) "PERSONAL RECOMMENDATION" forms along with this application. It is your responibility to make sure it is received in time. Name of people you gave recommendation letters to						

PERSONAL RECOMMENDATIONS

Student's Name
INSTRUCTIONS TO APPLICANT: Type or print your name at the top of this form. Give a separate form to three different teachers or administrators at your school and ask them to complete it and mail it to: Knights Scholarship Assistance Committee, % Maria Stein Branch, The St. Henry Bank, Maria Stein, Ohio 45860 o Email To kkshaner@outlook.com
INSTRUCTIONS TO TEACHER OR ADMINISTRATOR: Please make appropriate comments after each category listed below; mail to the above mentioned address
Accepts Responsibility
Attitude in Class
Completes Assigned Work
Courtesy
Respects Rights of Others
Work and Study Habits
Other
Oirest and Track
Signature of Teacher
Name of High School
Please mail no later than Feb. 8, 2024 To St Henry Maria Stein Branch Bank Or Email to kkshaner@outlook.com kshaner@shinnbros.com

PERSONAL RECOMMENDATIONS

Student's Name		
three different teachers or ad	lministrators at your school mittee, % Maria Stein Bran	ame at the top of this form. Give a separate form to and ask them to complete it and mail it to: Knights ach, The St. Henry Bank, Maria Stein, Ohio 45860 or
INSTRUCTIONS TO TEACH category listed below; mail to		: Please make appropriate comments after each ress
Accepts Responsibility		
Attitude in Class		
Completes Assigned Work		
Courtesy		
Respects Rights of Others		
Work and Study Habits		
Other		
1)		
		Signature of Teacher
		Name of High School
Please mail no later than	Feb. 8, 2024	To St Henry Maria Stein Branch Bank

PERSONAL RECOMMENDATIONS