



## **KNIGHTS OF COLUMBUS**



### **MANITOBA STATE BURSARY**

**Knights of Columbus, Manitoba State bursary is a unique program that provides financial support to Knights of Columbus members in “good standing” as well as sons, daughters, grandsons and granddaughters of Knights of Columbus in “good Standing” who are pursuing post-secondary education at an accredited institute including universities, colleges, technical schools, etc.**

#### **Why Apply?**

**\$1,000.00 bursary will be granted to successful applicants.**

#### **Who Can Apply?**

*Only applicants who meet the eligibility criteria described below will be considered for the award*

- **Are Canadian residents**
- **Are practicing Catholics**
- **Have high academic performance, as demonstrated by high school transcripts or university results.**
- **Demonstrate financial need**

#### **How to Apply?**

The application form and all **Supporting Documentation** must be submitted by **April 1<sup>st</sup>**:

**To: Knights of Columbus  
Manitoba State Council  
L01-1311 Portage Avenue  
Winnipeg MB R3G 0V3**

**Supporting Documentation** – In addition to your application form, the following documentation is required:

- A. High school transcripts – official copy, may be sent directly by high school or University results (if applicable) – official copy, may be sent directly by university (**To be submitted as soon as available**)
- B. Two letters of recommendation (see instructions on form provided).
- C. Letter of Admission and Proof of Registration from an accredited post-secondary educational institute.
- D. Letter from your Parish Priest confirming applicant is a practicing Catholic

**English translations must accompany any documents not in English.**

Incomplete application materials or application materials received after **April 1<sup>st</sup>** will not be considered.  
Application materials will not be returned to applicants

#### **What is the Selection Procedure?**

A selection committee will evaluate all applications. Each applicant’s motivation and academic potential will be assessed. You will be informed in **July** about the success of your application. Selection decisions are final. There is no appeal process.

#### **Who Can I Contact for More Information?**

If you have any questions, please contact Knights of Columbus Manitoba State:  
Email: [mbstkc@mts.net](mailto:mbstkc@mts.net) Phone: 1-204-663-8022 Fax: 1-204-669-2477

**Knights of Columbus Manitoba State Bursary Application available at: [manitobastatecouncil.ca](http://manitobastatecouncil.ca)**

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Use English to complete the application. Please print clearly in blue or black ink.

**Deadline:** Knights of Columbus Manitoba State Council must receive Applications by April 1<sup>st</sup>.

Family Name		Given Name(s)		Middle Name	
Address While in School			Permanent Mailing Address		
City	Province	Postal Code	City	Province	Postal Code
Telephone Number		Email Address		Telephone Number	
				Email Address	

**Application Education Data**

Educational Institute Attending	Anticipated Graduation Date (mm/yy)	
Degree/Professional Designation Sought (e.g. Bachelor of Science, Electrician etc.)	Field of Study	Length of Program (in months or years)

Please list the last three schools, colleges, or other universities you have attended, starting with the most recent.

Period of Study		Institution		
dd/mm/yy	dd/mm/yy	Name of Institution	Program	Degree Granted (if any)
From	To			

**Activities, Awards and Honours**

List all school and community activities in which you have participated during the past five years (you may attach one additional page if needed). Please spell out acronyms. Place a check in the year in which you participated in the activity.

Activity (e.g. student, government, sports, community service, volunteer work, leadership programs, religious groups)	Year(s) (e.g. 2005)	Position Held/Additional Description

List all awards that you have received in the past five years that you believe are relevant to this application. Please include a brief sentence describing the nature of the award (e.g. level of prestige of award or what award is for).

Award	Description	Year(s) received (e.g. 2005)

### Financial Information

Please complete your calculations for the current eighth-month period from September to April. Please state amount in Canadian dollars.

Expenses		Resources	
Tuition, Fees and Books		Savings	
Rent & Utilities		Earnings during school term	
Food & Personal Care		Contributions from parents/spouse	
Clothing		Investments (please specify)	
Transportation		Other income (tax rebate, family allowance)	
Child Care		Scholarships/bursaries confirmed for current academic year	
Other Expenses (please specify)		Student loan (received or expected to receive)	
<b>Total Expenses</b>	\$	<b>Total Resources</b>	

Notes/Comments:

### Certification

**I am a member of the Knights of Columbus in good standing. (membership number.....)**

**My father/grandfather is a member of the Knights of Columbus in good standing. (membership number.....)**

By my signature below, I certify that I meet the basic requirements of the program and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of the information that I have given in my application. Upon submission this application becomes the property of Knights of Columbus Manitoba State Council. **Financial information provided through this application will only be used for competition purposes and will be treated with the utmost confidentiality.** I also agree that, if selected as a bursary recipient that the Knights of Columbus Manitoba State may use my name, likeness and biographical information in promotion of the Knights of Columbus, in any media whatsoever. Any promotion using biographical information will be cleared with the applicant before publishing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **Additional Documents**

Thank you for completing an application for the Knights of Columbus Manitoba State Council bursary. You are almost finished! In addition to the completed application, you are required to provide originals (where possible) or clear certified photocopies of the documents listed below for each year of enrollment in high school.

For your application package to be considered complete, please ensure that you send the items below:

- Completed Application Form – signed and dated
- High school transcripts – official copy, may be sent directly by high school
- Letter of Admission and Proof of Registration from an Accredited Post-Secondary Educational Institute
- University results (if applicable)
- Letter from your Parish Priest confirming applicant is a practicing Catholic
- Two letters of recommendation (see instructions on form provided.)

**English translations must be provided for all non-English documents.**

Applications will not be considered without these translations.

Your completed application package must arrive by April 1<sup>st</sup>, in order to be considered. Late or incomplete applications cannot be considered.

**Send to:**

**Knights of Columbus – Manitoba State Council  
L01-1311 Portage Avenue  
Winnipeg MB  
R3G 0V3**

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**Confidential Reference Form and Letter**

**Instructions:** This reference form and letter should be written in English by a person who knows the Applicant well (although NOT by a family member) – for example a teacher/instructor/professor, scout leader, advisor to an extracurricular club, employer/job supervisor, etc. The person completing this form and letter should place them in a sealed envelope, sign the back of the envelope over the sealed flap, and return to the Applicant.

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Name of Applicant \_\_\_\_\_

1) How long have you known the applicant? \_\_\_\_\_

2) In what capacity have you known the applicant?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) In the rating chart below, please evaluate the applicant in comparison with other students whom you have known during your professional career.

	<b>Excellent</b>	<b>Very Good</b>	<b>Average</b>	<b>Below Average</b>
Academic Performance				
Intellectual Ability				
Work Habits				
Sense of Social Responsibility				
Resourcefulness and Initiative				
Capacity for Independent Study				

4) Please indicate where the applicant would rank among students currently or recently in your department.

100%	90%	80%	70%	60%	50%	40%	30%	20%	10%

(Top/Excellent)

5) Please include a one-page reference letter (typed or printed clearly) of the applicant's academic, professional and personal merits and ability to pursue and successfully complete a program of study in the proposed field. **YOUR COMMENTS WILL BE KEPT IN THE STRICTEST OF CONFIDENCE!**

**Please complete this form and return it to the candidate in assigned, sealed envelope** so that it may be included as part of the complete bursary application.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institutional Affiliation or Business Firm, if applicable

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institutional Affiliation or Business Firm, if applicable

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date