Counselor's Office:		Date received:						
Please initial and date this application	on as to when it was received by	you. Initials:						
For questions on the application, please contact Melissa Hernandez, 512-801-3323.								
2023-24 BASTROP KNIG	HTS OF COLUMBUS A	UXILIARY SCHOLARSHIP						
One or more \$500 scholarships will be awarded to a 2024 high school graduating senior who is a verified member of Ascension Catholic Church, Bastrop, TX. Application deadline is Feb. 22, 2024.								
The applicant must be graduating fi been accepted by and registered to school that offers an associate or ba	attend a 2 or 4 year community							
Selection will be by consent of a m The scholarship award will be paid								
Are you a relative of a living/decea Name(s)								
How to apply:								
insight provided to give the committee plans and needs. This is most impor NO MORE THAN 2 PAGES DOU 2. Attach 1 letter of recommendation from letters from teachers, coaches, or em 3. Attach 1 letter of recommendation from Group. Additional letters can also be 4. Attach 1 glossy recent photograph. A spare. It may be placed in our newsless. If necessary, additional pages may be be seen application and attachments be ascension Parish, Attention: K of C.	gyour desire to continue your educative a "word picture" of you and to revertant, as it can be the deciding factor BLE SPACED, 12 PT. FONT WITTOM your high school principal, assistant applyers are encouraged. The included and are encouraged. The sampshot is fine, but it will not be received and the publications if you are attached and the publications if you are attached and the sample and the publications if you are attached and the sample and the publications if you are attached and sample and the sample an	ion. There must be enough information and real your hopes, ambitions, desires, career or in awarding scholarships. It should be TH 1" MARGINS. ant principal, or counselor. Additional n, Director of Religious Education or Youth eturned, so make sure it's one you can a scholarship winner. o your high school counselor and/or to:						
	APPLICATION							
Student's Name:(Last)	(First)	(Middle)						
Street Address:								
City/Zip: I	Email:	Cell Phone #						
Mother's Name:	Phone number:							
Father's Name:	Phone number:	Phone number:						
Guardian's Name:	Phone number:	Phone number:						
GPA current to most recent semester comp	pleted: on a scale of	on a scale ofpoints.						

Rank in class current to most recent semester completed: ____out of ____

PSAT_____SAT Combined Score (3 of 3) _____ACT Combined Score____

Č		chool do you plan to		1 \		—	
Second							
For what vocation							
		ow to indicate in you ne answer for each o			g to finance yo	our education for the	
Parents/Relatives Savings Loans Scholarships Part time work Other-list below Other	0% 0% 0% 0% 0%	10% 10% 10% 10% 10% 10%	25% 25% 25% 25% 25% 25%	50% 50% 50% 50% 50% 50%	75% 75% 75% 75% 75% 75%	100% 100% 100% 100% 100%	
		and children			s' overall finar	ncial support.	
		rement in church/par	rish or communit		n you regularly		
	activities, a	s/organizations in w thletics, elected pos ty			o high school.	lent, including	
answered all the office or Ascensi	questions on Parish		signature, return line date. You u	it with all requirence it with all requirence it is a second that if a	ed attachment Il required ite	ility, and have s to the counselor's ems & information are	
Signature of App	plicant		Signature of Parent/Guardian				