



Scholarship Application
Application Deadline: JUNE 18, 2026; 4:00 PM

Applicant's Name: _____

Home Phone: _____

Sex: M / F Birth date: _____

Cell Phone: _____

Mailing Address: _____

High School: _____

Date of Graduation: _____

Email: _____

Name of College/University you plan to attend: _____

General Information:

Amount of Scholarship: \$500 for tuition, fees, or books at any 2-year or 4-year college or university during the 2025-2026 school year. Funds will be given in one payment following official course schedule with the university/college of choice.

Eligibility Criteria:

1. Any high school student graduating during the current school year (2025-2026).
2. Must be a resident of the State of Hawaii.

Selection Criteria:

1. Scholastic achievements and financial need.
2. Personal involvement in Church activities and ministries. Employment experience. Leadership roles.
3. Answers to questions and writing of essay in this application.
4. Selection will be made by a panel of not more than five (5) Parish Members.

Interview: Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] Requested by: _____ _____ _____

Scholarship Questions

If additional space is needed for this questionnaire, use a separate sheet and label page with your name and date.

1. Please describe your interest in your chosen major area of study and what your future goals and objectives are.
2. Please describe your involvement with Our Lady of Sorrows Church and Ministries.
3. Describe leadership roles you have had during High School.
4. What academic or athletic achievements have you accomplished?
5. ESSAY QUESTIONS: Please summarize "How Can I Give Back to My Church?"
[Up to 1,000 words]

I authorize the Knights of Columbus Scholarship Committee to release information regarding my application for publicity purpose only (Our Lady of Sorrows bulletin and website).

A copy of my first freshman course schedule will be forwarded to Our Lady of Sorrows Scholarship Committee as soon as it is available to me by my college/university.

Signature of applicant: _____ Date: _____

Submit/Mail completed application to:

Council 6302
Our Lady of Sorrows, Wahiawa
Knights of Columbus, Hawaii
1403A California Avenue
Wahiawa, HI 96786



Council 6302

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