



# KNIGHTS OF COLUMBUS



## *Sir Knight Herbert Weigel Fund Father John Eisen Assembly Scholarship Application Form*

The Marshfield Area Catholic Schools' objective is to accept and welcome all students who sincerely wish to attend Columbus Catholic Middle and High School. The purpose of the Herbert Weigel Scholarship Fund is to promote Catholic education when financial circumstances make it difficult for families to make that commitment.

This form must be completed and returned to the 4<sup>th</sup> Degree Scholarship Committee to be considered for tuition assistance. Financial need is a primary criteria for approving scholarships, and all information is confidential.

### List MACS student applicant/s entering the 6<sup>th</sup> through 12<sup>th</sup> grades:

First Name	Last Name	Middle Initial	Age	Grade Entering	Leave Blank

### Reference/ s (optional but helpful)

Name	Telephone Number	Describe How You Know This Person (School, Friend, Family, Volunteer Organization, Work, etc.)	KC Member

We are members of \_\_\_\_\_ Parish.

Mail completed form by March 31 to:

Daniel Spencer, Chairperson  
Scholarship Committee  
506 N Peach Ave  
Marshfield WI 54449

Phone: (715) 387-4017  
Cell: (715) 305-0398

COMPLETE THE BACK SIDE OF THIS FORM

Father's Name		Mother's Name	
Address		Address if Different	
City		City	
State	Zip Code	State	Zip Code
Student's Address		Mother's Maiden Name	

List other brothers and sisters who live at home or are away at school and dependent on the family.

Name of Child	Age	Pre-School – School – College	Cost or Tuition by Parents

Check Father's Current Employment Status:  
 Employed     Check if less than 40 hours per week     Unemployed     Laid Off     N/A

Check Mother's Current Employment Status:  
 Employed     Check if less than 40 hours per week     Unemployed     Laid Off     N/A

Current Family Income:  
 Under \$25,000     \$25,000 to \$49,999     \$50,000 to \$74,999     \$75,000 to \$99,999     Over \$100,000

Check Yes or No for the following questions.	Yes	No
Do you have uninsured medical expense – including cost of medical insurance?		
Do you own your own home?		
Do you have mortgage payments?		

This form completed by (print name)	Telephone Number
Signature attesting to information provided	Date