

**KNIGHTS OF COLUMBUS FATHER GEORGE J. WILLMANN CHARITIES, INC.**

Knights of Columbus Fraternal Association of the Philippines, Inc. (KCFAPI) Center

General Luna corner Sta. Potenciana Sts., Intramuros Manila 1002

Tel. Nos. 527-22-23 local 221 • 0929-7012789

1 x 1  
Picture  
(2 copies)

**SCHOLARSHIP APPLICATION for PRIESTHOOD  
(THEOLOGICAL STUDIES FOR DIOCESAN SEMINARIANS)**

**I. PERSONAL INFORMATION (Please print)**

1. Name: \_\_\_\_\_
2. Complete Residence Address: \_\_\_\_\_  
Tel./CP nos.: \_\_\_\_\_ Email: \_\_\_\_\_
3. Date and place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_
4. Education

Elementary : \_\_\_\_\_  
High School : \_\_\_\_\_  
College : \_\_\_\_\_  
Name of School/Seminary \_\_\_\_\_ Year Graduated \_\_\_\_\_

- Philosophy : \_\_\_\_\_
  - Theology/year: \_\_\_\_\_
5. Honors Received: \_\_\_\_\_
  6. Extra Curricular Activities in School: \_\_\_\_\_
  7. Height: \_\_\_\_\_ Weight: \_\_\_\_\_
  8. Nature and date of most serious illness: \_\_\_\_\_
  9. Physical Defect, if any: \_\_\_\_\_

10. Have you ever been compelled to stop your studies for a significant period of time because of physical or emotional reasons? Please give date and details: \_\_\_\_\_

11. What are your hobbies?: \_\_\_\_\_
12. What periodicals do you read?: \_\_\_\_\_
13. What subjects do you like best?: \_\_\_\_\_
14. Why do you want to pursue your vocation for priesthood?  
\_\_\_\_\_  
\_\_\_\_\_

15. Are you a K of C member? \_\_\_\_\_ Council No./Location: \_\_\_\_\_

**II. INFORMATION ABOUT FAMILY**

16. Name of Father: \_\_\_\_\_ Age : \_\_\_\_\_
17. Knights of Columbus Council No. and Location to which he belongs (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. Educational Attainment : \_\_\_\_\_ Occupation: \_\_\_\_\_
19. Employer of Father and nature of business: \_\_\_\_\_  
\_\_\_\_\_ Tel/CP nos. \_\_\_\_\_
20. Name of Mother: \_\_\_\_\_ Age: \_\_\_\_\_
21. Educational Attainment : \_\_\_\_\_ Occupation: \_\_\_\_\_
22. Employer of Mother and nature of business: \_\_\_\_\_  
\_\_\_\_\_ Tel/CP nos. \_\_\_\_\_
23. Number of children in family: \_\_\_\_\_
24. Number of brothers and sisters employed: \_\_\_\_\_
25. Number of brothers and sisters studying in Elementary: \_\_\_\_\_ High School: \_\_\_\_\_ College: \_\_\_\_\_
26. Number of married brothers and sisters: \_\_\_\_\_
27. Family members insured with KCFAPI: \_\_\_\_\_  
Benefit Certificate No./s \_\_\_\_\_ Face Value : \_\_\_\_\_

### III. FAMILY FINANCIAL INFORMATION

28. Annual Gross Income : \_\_\_\_\_
29. Net Taxable Income : \_\_\_\_\_
30. Value of real estate property owned : \_\_\_\_\_
31. Amount of mortgage: \_\_\_\_\_
32. Amount of monthly mortgage payments: \_\_\_\_\_
33. Value of other property owned: \_\_\_\_\_
34. Balance payable if any: \_\_\_\_\_

### IV. AUTHORIZATION & CERTIFICATION

I hereby authorize the KNIGHTS OF COLUMBUS FATHER GEORGE J. WILLMANN CHARITIES, INC. or any of its authorized representatives to investigate in its behalf all facts concerning my skills, habits, character, background and other information as may be pertinent to my application for scholarship.

I certify the truthfulness of the information herein declared and I understand that any misrepresentation or omission of facts of whatever nature required by this Information Sheet shall be considered sufficient cause for my disqualification to pursue this application for scholarship.

Done in \_\_\_\_\_ this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
PARENT OR GUARDIAN  
(Signature over printed name)

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

Endorsed by:

\_\_\_\_\_  
ARCH/BISHOP  
(Signature over printed name)

\_\_\_\_\_  
GRAND KNIGHT of Council \_\_\_\_\_  
(Signature over printed name)

\_\_\_\_\_  
Diocese

#### CHECKLIST OF OTHER DOCUMENTS TO BE SUBMITTED:

- College Transcript of Records, duly certified.
- Recommendation from the ordinary of the diocese where the applicant comes from.
- Certification from the seminary that the applicant is already in Theological studies or about to enter Theology and is a diocesan seminarian.
- Medical certificate from a duly licensed physician
- Two copies of the applicant's recent photo (1 x 1)
- Short Autobiography