

**REV. MICHAEL J. BADER MEMORIAL SCHOLARSHIP FUND
VIRGINIA STATE COUNCIL * KNIGHTS OF COLUMBUS
HIGH SCHOOL CERTIFICATION**

Dear Principal,

The information requested concerning the student who presents this form to you will be held in strict confidence by our judging committee. We ask you to quickly complete this form and return it directly to the below named chairman to arrive no later than March 14th. Late arrival will eliminate this student from competition.

1. APPLICANT NAME: _____
2. APPLICANT'S ADDRESS: _____
3. Please provide the applicant's grade point average for grades:
10TH _____ 11TH _____ 12TH (TO DATE) _____
4. Do you have personal knowledge regarding the applicant's personal or family situation that could cause the judges to more favorably consider this applicant's application for scholarship? If so, kindly provide such information for us on the reverse side of this form.
5. Do you believe applicant will attend college without financial aid? _____
6. Would you recommend this applicant for a K of C Scholarship? _____

Principal or Authorized Preparer _____
(Please Print)

Telephone Number: _____

Name of School: _____

DATE

SIGNATURE OF PRINCIPAL OR PREPARER

Thank you,

Receipt Deadline: March 14th
Forward Directly to:
Kevin E. Legge
1804 Windhurst Drive
Hardy, Virginia 24101-3767
Phone: 540-890-3352
Email: kelegge@aol.com