



# The Knight Educational Fund

## Scholarship Application

Name of Applicant \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ DOB \_\_\_\_\_

Social Security # \_\_\_\_\_ Proposed Date of  
College Entrance \_\_\_\_\_

High School Attended \_\_\_\_\_ GPA \_\_\_\_\_

City State Country

Date of Expected Graduation \_\_\_\_\_ Date of Application \_\_\_\_\_

Honors/Activites \_\_\_\_\_

Name of Colleges/Universities where you have been accepted

Name of Relative affiliated with the IBF:

### Qualifications:

- (A) Child/Grandchild of IBF member in good standing for a minimum of 3 years.
- (B) Graduating senior from high school.
- (C) Has been accepted to an accredited school (academic, trade, business or vocational).
- (D) A transcript of high school credits.
- (E) Recommendation from high school counselor or teacher.
- (F) One page essay on where you see yourself in 10 years.
- (G) Application deadline April 15

**Send to:** Scholarships  
IBF/USBA  
899 Mountain Avenue, Suite 2E  
Springfield, NJ, 07081