

**William J. O'Brien, Jr., Memorial Catholic High School Scholarship 2017 - 2018**  
**APPLICATION CHECKLIST**

**Eligibility:**

Three (3) awards of \$1,500 per year for up to four years will be made. This award is open to **CATHOLIC** students who are residents of Maryland whether or not there is a relationship with the Knights of Columbus as well as children or grandchildren of a member of the Knights of Columbus within the Jurisdiction of Maryland.

Applicants must plan on attending an accredited Catholic High School. **Award funds may be used for the payment of tuition only.**

Applications will be judged on academic excellence, personal qualifications, and financial need.

**Checklist:**

The application must include materials in the following order:

1. The Application Form
2. Middle School Principal or Student Counselor Evaluation
3. Student's Academic Grades transcript
4. Additional references, recommendations, information on awards, etc. **Limit such additional information to a maximum of 10 items.**
5. Parents' Confidential Financial Statement
6. Copy of Parents' most recent Federal Income Tax Form. **Limit to IRS Form 1040 (or equivalent) and Schedule A. Do not include other schedules or State tax forms.**

**All documentation MUST be received at the same time. Failure to submit all elements at the same time will result in rejection of the application.**

MARYLAND STATE COUNCIL, KNIGHTS OF COLUMBUS – HIGH SCHOOL  
SCHOLARSHIPS

**INSTRUCTIONS**

1. Read application carefully. Provide information and answer all questions fully.
2. Notify your school authorities of having made application for this scholarship grant. Request that the school principal or counselor fully complete the questionnaire contained in the application. Obtain from your school a complete transcript of your academic grades record. The questionnaire and grades record should be placed by the principal or counselor in a sealed envelope **and must be included with your application at the time of filing.** This required information will not be accepted or made part of your application if mailed separately.
3. You may attach up to 10 personal references or recommendations from your Pastor, teachers, employers, coaches and evidence of awards (academic, community, church, etc.) that you received and personal accomplishments. However, this information including references, which should be submitted in sealed envelopes, must be included with your application at the time of filing, and will not be accepted or made part of your application if received separately.
4. Applicants must include the Confidential Financial Statement form attached.
5. Each application with attachments **must be received IN ITS ENTIRETY by the Scholarship Committee no later than**  
**FEBRUARY 1, 2018.**

Entries received after this date will not be considered.

6. Mail your completed application, following the guidelines specified above, to:  
Maryland State Council  
Knights of Columbus  
Scholarship Committee  
c/o Phil Asplen  
2525 Pot Spring Rd, L-503  
Timonium, MD 21093
7. Winners of Scholarship grants sponsored by the Maryland State Council of the Knights of Columbus will be announced on May 6, 2018. Winners will be immediately notified by mail. All other applicants will be notified of the results of the judging of his/her application by letter no later than May 31, 2018.

MARYLAND STATE COUNCIL, KNIGHTS OF COLUMBUS  
THE WILLIAM J. O'BRIEN, JR. MEMORIAL HIGH SCHOOL SCHOLARSHIP

APPLICATION FORM

*Please type or print clearly*

Name \_\_\_\_\_ Present School \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

Present School Name & Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Grandfather's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Applicant & Family attend \_\_\_\_\_ Catholic Parish.

Parish Address \_\_\_\_\_ Pastor's Name \_\_\_\_\_

The following questions are to be answered by Parent, Guardian or Grandfather:

1. What course of study will the applicant pursue in high school?  
Academic \_\_\_\_\_ Commercial \_\_\_\_\_ College Prep \_\_\_\_\_ Other \_\_\_\_\_
2. Have you received any financial aid toward tuition, etc. \_\_\_\_\_
3. Which high school does your child plan to attend? \_\_\_\_\_
4. What is the annual tuition at this school? \_\_\_\_\_
5. Is applicant the son/daughter or grandchild of a member who belongs to a Knights of Columbus council within the jurisdiction of Maryland: Yes (    ) No (    ), if yes, provide:

Member's Name \_\_\_\_\_ Council # \_\_\_\_\_ Membership # \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent, Guardian or Grandfather

Follow the detailed instructions contained herein in preparing your application. You may use the back of the application or additional pages to list any special information the Scholarship Committee should consider in evaluating your application.

MARYLAND STATE COUNCIL, KNIGHTS OF COLUMBUS

(To be completed by School Principal or Counselor)

1. Name of Applicant: \_\_\_\_\_
2. Address of Applicant: \_\_\_\_\_
3. Enclose a complete transcript of the applicant's academic grades record and class standing.
4. Is there any academic information not included on the applicant's transcript that you feel the committee should know or consider? \_\_\_\_\_
5. Do you think the applicant's character and reputation make him/her a good representative of your school and an apt candidate for a scholarship award by the Knights of Columbus? \_\_\_\_\_

Please Comment: \_\_\_\_\_

SCHOOL SUPPORT DATA

Please evaluate the student using: 1 - Excellent 2 - Very Good 3 - Average 4 - Below Average  
5 - Poor

**6. SELF-DIRECTION AND DISCIPLINE:**

Department ( ); Gets along well with peers ( ); Works well alone and with others ( ).

**7. WORK HABITS:**

Displays those habits of study which lead to achievement ( ); Completes assigned tasks ( ); is prompt, concentrates well ( ); Locates Information ( ).

**8. INVOLVEMENT IN SCHOOL ACTIVITIES:**

Participates in class discussions ( ); is a good leader as well as a group leader ( ); Participates in voluntary activities ( ); is admired by others ( ).

9. Estimate of Applicant's likelihood for Academic Success in High School ( ).

10. To the best of your knowledge, will applicant attend Catholic High School without aid?

11. Has the applicant obtained financial aid for use in attending Catholic High School next year?

12. What is your considered recommendation to this committee concerning this applicant for the Knights of Columbus Scholarship? \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

This completed form, together with a copy of the student's academic grade record and class standing should be given to the applicant in a sealed envelope so that it may be included with his/her completed scholarship application.

Maryland State Council, Knights of Columbus, Scholarship Program  
**CONFIDENTIAL FINANCIAL STATEMENT**

It is understood and agreed that all information submitted will be accorded the strictest confidential protection by the members of the Scholarship Committee and will be destroyed after committee use.

THIS STATEMENT IS TO BE COMPLETED AND SIGNED BY THE APPLICANT'S PARENTS.

Is Father living at home? Yes \_\_\_ No \_\_\_\_\_

Is Mother living at home? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of children living at home: Ages \_\_\_\_\_

Number of children who will attend Private Elementary School next year: \_\_\_\_\_

Number of children who will attend Private High School next year: \_\_\_\_\_

Number of children who will attend College next year: \_\_\_\_\_

Number of children who will attend Public School next year: \_\_\_\_\_

Yearly Gross Income of Father: \$ \_\_\_\_\_

Yearly Gross Income of Mother: \$ \_\_\_\_\_

Present Value of Home: \$ \_\_\_\_\_

Monthly Home Payment: \$ \_\_\_\_\_

List Outstanding Parent's Debts, other than home Mortgage:

\_\_\_\_\_  
\_\_\_\_\_

Special or Unusual Expenses the Family or Applicant must meet:

\_\_\_\_\_  
\_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:** A COPY OF THE PARENT'S MOST CURRENT OR LAST FILED FEDERAL INCOME TAX RETURN (1040) **MUST** ACCOMPANY THIS STATEMENT

**IMPORTANT:** Financial Need is a consideration in selecting recipients for every Scholarship