

**Maryland State Council, Knights of Columbus
Frederick M. Gossman Memorial
Catholic High School Scholarship
2020 – 2021**

APPLICATION REQUIREMENTS

Eligibility: Three (3) awards of \$1,500 per year will be made. An applicant must be a son or daughter of a member of the Knights of Columbus in good standing in a Knights of Columbus Council residing in the jurisdiction of Maryland. NOTE: Children of deceased members are also eligible if the member was in good standing at the time of death. Applicant must attend an accredited Catholic High School in Maryland.

[NOTE: Scholarship funds may ONLY be used for the payment of tuition.]

One (1) additional award of \$1,500 is funded by the Maryland Knights of Columbus Insurance Advisors using the same application forms and criteria.

Applications will be judged on the basis of Academic Excellence, personal qualifications, and financial need.

Application Requirements:

The application must include materials in the following order:

1. The Application Form
2. Membership Certification (obtained from the Financial Secretary of the Father's Council)
3. Middle School Principal or Student Counselor Evaluation
4. Student's Academic Grades transcript
5. Additional references, recommendations, information on awards, etc., but such additional information shall be limited to a maximum of 10 items.
6. Parents' Confidential Financial Statement with all Social Security Numbers redacted.
7. Copy of Parents' most recent Federal Income Tax Form. Only submit IRS Form 1040 (or equivalent) and Schedule A with Social Security Numbers redacted. **[Do not include other schedules or State tax forms.]**

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

NOTE: If also applying for the O'Brien Scholarship, applicant must treat each application and requirements separately. [No Exceptions.]

MARYLAND STATE COUNCIL, KNIGHTS OF COLUMBUS
HIGH SCHOOL SCHOLARSHIPS

INSTRUCTIONS

1. Read the application carefully and provide required information and answer all questions completely.
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. 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 including evidence of awards (academic, community, church, etc.) that you received and personal accomplishments. All references are to be submitted in sealed envelopes and must be included with your application at the time of filing. **References will not be accepted or made part of your application if received separately.**
4. The attached Membership Certification form must be completed with the Council Seal affixed by the Financial Secretary of the father's Council and submitted with the application.
5. Applicants must include the Confidential Financial Statement form attached.
6. Each application with attachments **must be received IN ITS ENTIRETY** no later than

FEBRUARY 1, 2021

Late (Post Marked after the specified due date) or incomplete entries will be disqualified.

Mail your completed application, following the guidelines specified above, to:

**Maryland State Council
Knights of Columbus
Attn: Scholarship Committee
PO Box 1468
Bowie, MD. 20717**

Winners of Scholarship grants sponsored by the Maryland State Council of the Knights of Columbus will be announced at their annual meeting on May 2, 2021. 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 June 1, 2021.

MARYLAND STATE COUNCIL, KNIGHTS OF COLUMBUS
FREDERICK M. GOSSMAN MEMORIAL CATHOLIC HIGH SCHOOL SCHOLARSHIP

APPLICATION FORM

Please type or print clearly

Name _____ Present School _____

Home _____

City _____ Zip Code _____ Telephone () _____

Present School Name & Address _____

Father's Name _____ Occupation _____

Father's K of C Council Name & Number _____

Mother's Name _____ Occupation _____

Applicant & Family attend _____ Catholic Parish.

Parish Address _____ Pastor's Name _____

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

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? _____

The information requested below is applicable and required for the \$1500.00 Maryland Knights of Columbus Insurance Advisors Award. The Gossman High School Scholarships do not require applicant to be a son or daughter of an Insurance Member.

5. Is Father an Insurance Member? _____ If yes, Provide Policy No. _____
If deceased, did Father maintain K of C Insurance coverage at time of death? _____

_____ Date _____ Signature of Applicant

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.

KNIGHTS OF COLUMBUS MEMBERSHIP CERTIFICATION

Name of Applicant _____

Name of Member _____ Membership No. _____

Membership held in _____ Council No. _____

Insurance Member: Yes (), No (). Provide Policy No. _____

If member is deceased, was he in good standing at the time of death?
Yes (), No ()

Was he an Insurance Member at time of death?
Yes (), No () Policy No. _____

Relationship of Applicant to Member: (Son) (Daughter)

I certify that the above information is true, to the best of my knowledge, and that the member named above is in good standing in this council. If member is deceased, he was in good standing at the time of his death.

Date Signature of Financial Secretary

COUNCIL
SEAL

Council Name: _____

Council No.: _____

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 a suitable 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:

Dependent () ; 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 High School without aid?

11. Has the applicant obtained financial aid for use in attending 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.

CONFIDENTIAL FINANCIAL STATEMENT

It is understood and agreed that all information submitted will be held in the strictest confidence 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: _____

NOTE: *A copy of the parent's most current or last filed federal income tax return (IRS Form 1040 or equivalent and Schedule A), must accompany this statement*

Please limit to IRS Form 1040 (or equivalent) and Schedule A.
Do not include other schedules or State tax forms.

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