

**Maryland State Council, Knights of Columbus  
Frederick M. Gossman Memorial  
Catholic High School Scholarship  
2023 – 2024**

**APPLICATION CHECKLIST**

**Eligibility:**

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

**[NOTE: Scholarship funds may ONLY be used for the payment of tuition and are applicable only with the beginning of the student's 2024-2025 School Year.]**

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

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. Membership Certification (must be 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 shall be limited to a **maximum of 7** such items.
6. Parents' Confidential Financial Statement with all Social Security Numbers redacted
7. Copy of Parents' most recent Federal Income Tax Form with Social Security Numbers redacted. Only submit 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. If also applying for the O'Brien Scholarship, each application, individually, must be fully documented. NO COMBINING!**

# MARYLAND STATE COUNCIL, KNIGHTS OF COLUMBUS CATHOLIC HIGH SCHOOL SCHOLARSHIPS

## INSTRUCTIONS

1. Read application carefully. Provide information and fully answer all questions.
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 **must** 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 submitted separately.
3. You may attach up to seven (7) personal references or recommendations from your Pastor, teachers, employers, coaches including evidence of awards (academic, community, church, etc.) that you received and personal accomplishments. However, references must be submitted in sealed envelope and must be included with your application at the time of filing. **Items submitted separately will not be accepted or considered part of your application.**
4. The Membership Certification form, shown below, **must** be completed by the Financial Secretary of the father's council with the council seal affixed, and submitted with the application.
5. Applicants must include the Confidential Financial Statement form attached.
6. Each application with the required attachments **must be received IN ITS ENTIRETY** no later than

**FEBRUARY 1, 2024**

Late (Post Marked after the 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. 20717-1468**

Winners of Scholarship grants sponsored by the Maryland State Council of the Knights of Columbus will be announced during their Annual Convention held May 3-5, 2024. Winners will be notified by mail shortly thereafter. All other applicants will be notified of the results of the judging of his/her application by letter no later than June 1, 2024.

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

**APPLICATION FORM**

Please type or print clearly

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

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

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

Present School Address \_\_\_\_\_

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

Father's Knights of Columbus 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.
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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.



# 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:**

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 this 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.**

Maryland State Council, Knights of Columbus, Scholarship Program

**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.