

***Maryland State Council, Knights of Columbus***  
***William J. O'Brien, Jr., Memorial Catholic High School Scholarship***

**2023 - 2024**

**APPLICATION REQUIREMENTS**

**Eligibility:** Three (3) awards of \$1,500 per year for up to four years will be made. This award is open only to **CATHOLIC** students who are residents of Maryland whether there is a relationship with the Knights of Columbus or not. 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.]**

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

**Requirements:**

The application **must** include the following materials in the order listed below:

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., but shall be limited to a maximum of 7 items.
5. Parents' Confidential Financial Statement with Social Security Numbers redacted.
6. Copy of Parents' most recent Federal Income Tax Form with Social Security Numbers redacted. Only submit IRS Form 1040 (or equivalent) and Schedule A. **[NOTE: 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 and provide all 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 record. 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 mailed separately.
3. You may attach up to seven (7) 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 includes references, which must be submitted in sealed envelopes and must be included with your application at the time of filing. Items submitted separately **will not be accepted or made part of your application.**
4. Applicants must include the Confidential Financial Statement form attached.
5. 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 required guidelines to:

**Maryland State Council  
Knights of Columbus  
Attn: Scholarship Committee  
P.O. 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 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**  
**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 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 or Guardian**

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.

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## MARYLAND STATE COUNCIL, KNIGHTS OF COLUMBUS

### (To be completed by School Principal or Counselor)

1. Name of Applicant:

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2. Address of Applicant:

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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?

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5. Do you think the applicant's character and reputation makes him/her a good representative of your school and a suitable candidate for a scholarship award by the Knights of Columbus? \_\_\_\_\_

Please Comment:

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### 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 Catholic High School without aid? (    )

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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?

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**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: \_\_\_\_\_

**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 redact all Social Security Numbers] 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