

APPLICATION FOR KNIGHTS OF COLUMBUS SCHOLARSHIP
++++ Use This Form ONLY to apply for 2017-2018 School Year +++++
Missouri Jurisdiction

(Do NOT print front and back. Print pages one-sided)
(Application must be postmarked by February 20, 2017)

Full Name: _____
Last First Middle

Home Address: _____
Number and Street or RR No. City/Town State Zip

Applicant's Social Security #: _____

Knights Council # _____ Location: _____

E-Mail Address: _____

Date of Birth: _____ Married ☐ Single ☐ Male ☐ Female ☐
Month Day Year

Name of Parent(s)/Guardian(s) or Spouse: _____

Address of Parent(s)/Guardian(s) or Spouse: _____

Number and Street or RR No. (If different from yours!)

City/Town County State Zip

Home Phone #: _____ Parent's Phone #: _____

Parent's E-Mail: _____

Applicant's Signature: _____

NOTE: Complete application and all supporting documents **MUST** be postmarked no later than February 20, 2017.

Name: _____

Check only one per Application

Applying for: Luke E. Hart ☐ Missouri State ☐ Religious Vocation ☐ Tech ☐

Name of Educational Institution you plan to/or are enrolled:

Location of Educational Institution you plan to/or are enrolled:

Have you been accepted? _____

Probable College Major: _____ Career Goal: _____

I plan to enroll as a: Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Grad School ☐

List, **on this page**, significant academic/social activities and/or offices held, honors, etc:

In what out-of-school (Church, Scouts, etc.) activities have you participated? List **on this page**.

ESSAY: Compose a statement of not more than 200 words explaining your goals for the future, your professional ambitions, and your Catholic life. How will this scholarship help you to achieve your goals? Attach your essay (on a separate piece of paper) to this application.

For committee use only - do not write here

GPA _____ ACT _____ COM _____ DOB _____ RNK _____ GEN _____ MEM _____ \$ _____

APPLICANT'S FINANCIAL STATEMENT

NAME: _____

The following information is submitted for confidential use by the selection committee in determining need. Indicate your annual family income (adjusted gross, for tax purposes).

☐ Less than \$40,000 ☐ \$40,000 to \$75,000 ☐ \$75,000 to \$95,000 ☐ \$95,000 plus

Number of people in family (supported / living at home) _____

State any conditions or physical handicaps involving expenses or possible hardships which the selection committee should take into consideration.

APPLICATION MUST BE MAILED TO:

Mike Deamos

SCHOLARSHIP CHAIRMAN

1904 Pine St

Higginsville, MO 64037

mdeamos@hotmail.com

816-405-7418

THIS FORM MUST BE POSTMARKED BY FEBRUARY 29, 2017 - NO EXCEPTIONS

ALL applicants MUST be Missouri residents. All applicants (except Vocation) MUST have a Knights of Columbus connection - See Certification "B" for allowed relationships.

ALL applicants submit the 3 page application AND Certification "A"

Hart, Missouri State, and Tech School applicants also submit Certification "B"

Law and Vocation applicants submit Certification "C"; "B" is optional for these applicants

This form is ONLY to be used for applications for the 2017-2018 school year.

Results will be announced by April 2017

Missouri K of C presents eleven (11) scholarships each year. Any applicant may re-apply in subsequent years.

Four (4) **LUKE E. HART MEMORIAL** Scholarships. The recipients MUST attend one of the branches of the University of Missouri - Columbia, St. Louis, Rolla, or Kansas City. If fewer than four qualified applicants apply, then these scholarships may be awarded as specified for Missouri State Scholarships.

Three (3) **MISSOURI STATE** Scholarships. The recipients may attend any accredited University, College, or Technical School; One (1) **CARDINAL BERNARD F. LAW** and two (2) **Vocation** Scholarships. The recipients may attend any accredited seminary of their choice studying for a vocation to the Catholic religious life. If fewer than 3 suitable applications are received from applicants desiring to study for a vocation to the priesthood or to serve in a religious community, then these scholarships may be awarded to other applicants with preference given to those attending Catholic institutions.

One (1) **Tech School** Scholarship. The applicant may attend any accredited Tech School (normally a two year program).

APPLICANT NAME: _____ SOCIAL SECURITY # _____

Knights of Columbus Scholarship Information

EDUCATIONAL CERTIFICATION

This form is to be completed by an authorized Institutional Representative. A copy of the student transcript is required. For students currently enrolled in college, submit college transcript or grade statement with statement of current status as a full time student in good standing. H.S. transcript not required for current college students.

The above referenced student currently attends:

School: _____

Address _____

City State Zip

E-Mail _____

Phone No. _____

Student's G.P.A. _____ Class Rank _____ of _____ ACT Composite _____ Compass _____
(Grade scale being used to classify _____)

To the best of my knowledge, the statements made by the student on this scholarship application are correct.

Print Name and Title _____

Signature

Date

Student's permission to release information:

Print Name

Sign

Date

Please mail this form AND a copy of the student's transcript to:

Mike Deamos

SCHOLARSHIP CHAIRMAN

1904 Pine St

Higginsville, MO 64037

816-405-7418

mdeamos@hotmail.com

Certification "A"

Knights of Columbus Scholarship Information

COUNCIL/AUXILIARY CERTIFICATION

Please take this form to the Grand Knight/President or Financial Secretary/Secretary of your father/husband's Council or Auxiliary. Request that the Grand Knight/President **OR** Financial Secretary/Secretary sign it and **AFFIX THE COUNCIL SEAL** (if available). This form **MUST BE POSTMARKED** by February 15, 2017. (This is **optional** for those studying for the priesthood or entering the religious life. There is **NO** membership requirement for Vocation Scholarships.) There **IS** a membership requirement for all other Missouri Knights Scholarships.

The undersigned certifies that the applicant : _____

Social Security Number: _____

CHECK ONE OR MORE OF THE FOLLOWING:

circle relationship

- () is the (son) (daughter) (legal guardianship) (wife) of a member in good standing
- () is the (son) (daughter) (legal guardianship) (wife) of a member who was in good standing at the time of his death
- () is a member of this council in good standing
- () is a member of the Squires or Columbian Girls in good standing
- () is a member of this Auxiliary in good standing. Auxiliary President _____

[Auxiliary President Signature]

Council Number _____ Located at _____

The Council **MUST** be a Missouri Council of the Knights of Columbus.

Signed _____

Grand Knight

AFFIX COUNCIL

SEAL HERE

[if available]

Signed _____

Financial Secretary

THIS FORM MUST BE POSTMARKED BY FEBRUARY 20, 2017 - NO EXCEPTIONS
IT IS BEST TO INCLUDE IT WITH THE APPLICATION IN THE SAME ENVELOPE.

RETURN TO: Mike Deamos
SCHOLARSHIP CHAIRMAN
1904 Pine St
Higginsville, MO 64037

Certification "B"

APPLICANT NAME: _____ SOCIAL SECURITY # _____

Knights of Columbus Scholarship Information

VOCATION APPROVAL CERTIFICATION
only needed for Vocation Applicants

_____ is applying for a Missouri Knights of Columbus Scholarship in order to pursue studies toward the priesthood or religious life.

Please verify that the applicant has been approved by your Missouri Diocese or Missouri Religious Order.

SIGNATURE: _____

NAME: _____

TITLE: _____

Check One:

- _____ Diocese of St. Louis
- _____ Diocese of Kansas City - St. Joseph
- _____ Diocese of Jefferson City
- _____ Diocese of Springfield - Cape Girardeau
- _____ Missouri Religious Order _____

This form may either be returned to the student or sent directly to the Scholarship Chairman. The student's application, including this form, must be postmarked no later than February 20, 2017. Applicants for Vocation Scholarships **MUST** have this form completed by an authorized representative of their Diocese or Religious Order. **Student's Permission to release information:**

Print Name **SIGN** **Date**

For any questions, please contact the Scholarship Chairman:

Mike Deamos
SCHOLARSHIP CHAIRMAN
1904 Pine St
Higginsville, MO 64037
816-405-7418
mdeamos@hotmail.com

Certification "C"