

**APPLICATION FOR KNIGHTS OF COLUMBUS SCHOLARSHIP**  
**++++ Use This Form ONLY to apply for 2020–2021 School Year +++++**  
**Missouri Jurisdiction**

**(Do NOT print front and back. Print pages one-sided)**  
(Application must be postmarked by February 20, 2020)

Full Name: \_\_\_\_\_  
Last First Middle

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

Applicant's Social Security or College/University Student ID #: \_\_\_\_\_

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, 2020.

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? Yes \_\_\_ No\_\_\_

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**.

\_\_\_\_\_

**Write a personal statement in which you tell the scholarship committee about yourself.** Use the following questions as a guideline to assist you in writing your statement. Statements must be typed, double-spaced, and **not to exceed three pages**.

**What do you do in your daily life that conveys your Catholic beliefs? What are you doing to show that you are living by your Catholic teaching? Explain** How have you contributed to your community in the areas of service and/or leadership? Describe any factors or events in your life that have influenced your decision to attend college. Who has inspired you? What academic achievements are you proud of? What are your career and/or educational goals?

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 \$85,000 \_\_\_ \$85,000 to \$125,000 \_\_\_ \$125,000+

Number of people in family supported / living at home not counting yourself. Please include parents\_\_\_\_\_

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

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

APPLICATION MUST BE MAILED TO:

John Gambon  
SCHOLARSHIP CHAIRMAN  
3645 East Kirkwood  
Springfield, MO 65809  
[jgambon3645@gmail.com](mailto:jgambon3645@gmail.com) 417-830-6389

**THIS FORM MUST BE POSTMARKED BY FEBRUARY 20, 2020 - 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 2020- 2021 school year.**

**Results will be announced by April 2020**

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; Three (3) **RELIGIOUS 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) **TECHNICAL EDUCATION** Scholarship. The applicant may attend any accredited Tech School (normally a two-year program).

APPLICANT NAME: \_\_\_\_\_

SOCIAL SECURITY or COLLEGE/UNIVERSITY STUDENT ID # \_\_\_\_\_

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:

John Gambon  
SCHOLARSHIP CHAIRMAN  
3645 East Kirkwood  
Springfield, MO 65809  
417-830-6389  
[jgambon3645@gmail.com](mailto:jgambon3645@gmail.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 20, 2020. (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, 2020 - NO EXCEPTIONS. IT IS BEST TO INCLUDE IT WITH THE APPLICATION IN THE SAME ENVELOPE.**

RETURN TO: John Gambon  
SCHOLARSHIP CHAIRMAN  
3645 East Kirkwood  
Springfield, MO 65809

Certification "B"

APPLICANT NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

