



## 2020 GUS SCHLAIER ACADEMIC SCHOLARSHIP APPLICATION

(For graduating High School children of active and current members of  
The Knights of Columbus – Monsignor Burke Council No: 5015)

### 1. Applicant Information

Last Name \_\_\_\_\_ First \_\_\_\_\_ Mi \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

High School \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Graduation Date \_\_\_\_\_

### 2. Senior Year Program: (Indicate Honors or AP Courses/Other)

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**5. Employment** (include any employment during school years)

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**6. Outside Activities** (Describe activity & organization(s))

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**7. College Information**

A) Have you been accepted to a college or university \_\_\_\_\_

B) What college or university will you be attending \_\_\_\_\_  
\_\_\_\_\_

C) If decision not finalized, indicate your choices \_\_\_\_\_  
\_\_\_\_\_  
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D) What will be your course of studies (if known) \_\_\_\_\_  
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**8. Other information** (Enter information the scholarship committee should consider)

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**9. Transcript Information** - Attach transcript or have HS Guidance office forward transcript to:

The Knights of Columbus, Monsignor Burke Council 5015, 770 Kinderkamack Road  
River Edge, NJ 07661, Attn: Scholarship Committee

**10. Family Information**

Fathers Name \_\_\_\_\_

Mother’s Name \_\_\_\_\_

**11. Certification**

I certify that the above information is true and accurate.

Applicants/Students Signature \_\_\_\_\_

Parent or Guardian Approval

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Return applications by **April 6, 2020** to: The Knights of Columbus, Monsignor Burke Council  
5015, 770 Kinderkamack Road, River Edge, NJ 07661, Attn: Scholarship Committee.

**“APPLICATIONS AFTER DUE DATE WILL NOT BE ACCEPTED”**