

# St. Matthias Knights of Columbus Council 16945 Scholarship Application Form

**Scholarship Amount:** \$1,000

## **Eligibility Requirements:**

- **Legacy Applicant** must be the dependent or grandchild of a registered member of St. Matthias Knights of Columbus Council 16945 living or deceased who was in good standing. **Ken Sadowski Applicant** must be the dependent of a registered member of **St. Matthias Parish** in Crown Point, Indiana.
- Applicant must be a high school senior graduating in 2025.
- Applicant must be planning to attend a 2 to 4 year accredited college or university or an accredited trade school for the **2025-2026** academic year.
- Applicant must demonstrate good citizenship.
- Applicant must have acceptable scholastic records.
- Applicant must show an active interest in school, community, and church activities.
- Applicant must be a practicing Catholic.

**Application Deadline:** All applications must be submitted between **January 1, 2025 and April 1, 2025**.

## **Application Checklist:**

Please ensure that you have completed all the following steps:

- Fill out this scholarship application form completely and legibly.
- Provide a copy of your most recent high school transcript.

- Write an essay of **up to 500 words** explaining your involvement in school, community, and church activities, and how you have demonstrated good citizenship.
- Include **two letters of recommendation**. One should be from a teacher or school administrator, and the other should be from a community leader or clergy member.
- Submit your application and all supporting documents by the application deadline.

Please check one

**St. Matthias Knights of Columbus Council 16945 Legacy Scholarship**

Application for dependent or grandchild of a registered member of St. Matthias Knights of Columbus Council 16945

**Ken Sadowski Scholarship**

Application for the dependent of a registered member of St. Matthias Parish in Crown Point, Indiana

**Personal Information:**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Name of St. Matthias parish member:** ( *if applying for the Ken Sadowski scholarship* )

Name: \_\_\_\_\_

**Name of Knights of Columbus member:** ( *if applying for the Legacy scholarship* )

Name: \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Education:**

High School Name: \_\_\_\_\_

High School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

Intended College/University/Trade School:

\_\_\_\_\_

**Essay:** Please write a 500-word essay addressing your involvement in school, community, and church activities, as well as how you have demonstrated good citizenship.

## Letters of Recommendation:

Please provide the names and contact information for the individuals who will be submitting letters of recommendation on your behalf.

- Teacher/School Administrator: \_\_\_\_\_
- Community Leader/Clergy Member: \_\_\_\_\_

## Signature:

I hereby confirm that all the information provided in this application is accurate and complete to the best of my knowledge. I understand that any false information may disqualify me from consideration for the St. Matthias Knights of Columbus Council 16945 Scholarship.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail your completed application and all supporting documents by **April 1, 2025** to:

Jim Lambert  
455 Northgate Dr  
Crown Point, IN 46307-2626

For any questions or additional information, please contact us at our website: <https://kofccp.org/contact.html>