

New York State Council Knights of Columbus High School Tuition Grant Program

1. Other Financial Assistance:

Will student be receiving any other financial assistance or scholarships? YES NO
 If YES , ANNUAL amount: \$ _____
 IF YES, list organization(s): _____

2. Father's Employer:

Address: _____
 Annual Gross Salary: \$ _____ Years of Service : _____
 Occupation/Position: _____ Age: _____
 If not employed is Father disabled? _____ Term of Disability: _____

3. Mother's Employer:

Address: _____
 Annual Gross Salary: \$ _____ Years of Service: _____
 Occupation/Position: _____ Age: _____
 If not employed is Mother disabled? _____ Term of Disability: _____

4. Other Sources of Income:

Working Children: \$ _____
 Union: \$ _____ Social Security: \$ _____ Insurance: \$ _____
 Savings Accounts: \$ _____ Welfare: \$ _____ Pensions: \$ _____

5. Family Information

Number of Dependent Children: _____
 Living Home: _____ In School: _____ Working : _____
 List Child(ren)'s Name, Age, School Attending, Grade:

6. Indebtedness Information:

Home: Own: ___ Rent: ___
 Monthly Rent: \$ _____ Mortgage Payment (w/o Taxes): \$ _____
 Yearly: \$ _____ Annual Real Estate Taxes: \$ _____

7. Other Financial Obligations:

Type	Bank/Finance Company	Unpaid Balance	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____

8. Attach copies of all Federal Income Tax Forms for previous year which just ended.



TUITION GRANT APPLICATION

Walter A. Fogelman , State Chairman
718-894-0937

****INSTRUCTIONS****

Applications for applicants entering the 9th Grade must be submitted in time to arrive at the N.Y. State Council's Executive Office NO LATER THAN April 1st preceding the September school start-up date the applicant plans to enter high school.

Completed Tuition Grant applications should be mailed/submitted to

NY State Council Knights of Columbus
201 Portion Road, Suite A
Lake Ronkonkoma, N Y 11779



For Further Information please contact:
631-366-3787
NYSKOFCA@aol.com

NEW YORK STATE COUNCIL, KNIGHTS OF COLUMBUS
SCHOLARSHIP PROGRAM

Control Number: _____

PURPOSE: To provide Financial Assistance to dependent children, grandchildren and legal wards of Knights of Columbus for the furthering of their Catholic High School education.

TUITION GRANT AWARDS: Tuition Grants based upon the financial need of the family. Because of the sensitive nature of the information required, the Committee will only see part of the application which contains the material necessary to award a grant and not who is applying. Applicants MUST supply all the information specified under "REQUIREMENTS" below.

Eight (8) Tuition Grants will be awarded to INCOMING 9th Grade students entering a New York State Catholic High School. One tuition grant in the amount of \$500.00 will be awarded for each diocese in the State of New York. Awards must be renewed for each subsequent year the student attends a New York State Catholic High School by submitting a renewal application. Total Award \$2000.00

REQUIREMENTS:

1. Applicant must be a son, daughter, grandchild or legal ward of a New York State Knight of Columbus in good standing. Children of deceased members who demise occurred while in good standing are also eligible.
2. Acceptance in a New York State Catholic High School for the school year beginning in September of that year. PROOF OF ACCEPTANCE IS REQUIRED.
3. All applications MUST bear the council seal and the signature of the Grand Knight and the Financial Secretary verifying good standing of sponsor member.
4. Signatures of Parent or Guardian and the Sponsoring Member are required to certify the accuracy of all information appearing on the application. Current W-2 and 1040 Forms MUST accompany all Applications.
5. After the first year, renewal information must be submitted for continuation of the Tuition Grant for each consecutive year (up to a maximum of 3 additional years). Renewal will depend upon continued attendance in a New York State Catholic High School and maintenance of a scholastic record that is satisfactory, as well as evidence of continued financial need (current W-2 and 1040 forms).
6. Financial need will be the deciding factor as is obvious from the confidential information requested on the application. Because of the sensitive nature of the information, the committee will only see that part of the application which contains this material.
7. Failure to answer all questions completely or to obtain the required signatures will be the cause for disqualification or return of the application. Write "NONE", "NO", or "NA" if any questions do not apply. (NOTE: Any documents received other than those specified will not be considered in the Selection Committee's decision.)
8. THE DECISION OF THE COMMITTEE IS FINAL. Only winners will be notified.

OTHER RELATED INFORMATION

1. For purposes of filing, the location of the Sponsoring Member's Council decides the diocese of residence.
2. A student entering the 9th grade of a New York State Catholic High School may apply for both a Tuition Grant and a Scholarship Award, but may only receive ONLY one or the other.
3. Payments of Tuition Grant Awards are made annually and mailed directly to the Catholic High School in part payment of Tuition.
4. Tuition Grant notification will only be made by letter from the New York State Knights of Council Chairman. ONLY WINNERS WILL BE NOTIFIED.

**N.Y. State Council
Knights of Columbus
High School Tuition Grant Program**

PLEASE PRINT CLEARLY

Student Name: _____

Address : _____

Signature of Applicant: _____

Years at present address: _____ Telephone #: _____

Date of Birth: _____ Age: _____

Present School: _____ Grade: _____

Full School Name and Address and Grade for which Student HAS BEEN ACCEPTED:

I vouch that all information given is true and I will present the required proof if requested. I also give permission to obtain the Diocesan High School test scores, if applicable or needed.

Parent/Guardian Signature: _____

Sponsor's Name and Council Name & Number: _____

Sponsored By: Father Grandfather District Number

Grand Knights Signature: _____

Financial Secretary Signature: _____

Council Seal
MUST be placed here