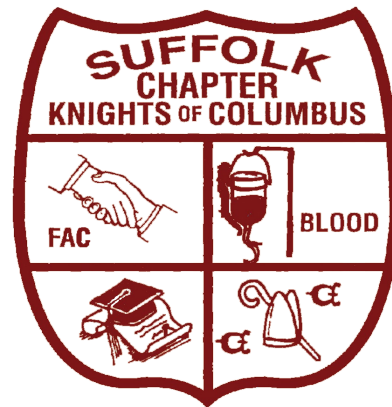


# SUFFOLK CHAPTER

## KNIGHTS OF COLUMBUS

Financial Grant Application



**FATHER KENNETH G. MURPHY**  
**High School Assistance Program**



FINANCIAL GRANT PROGRAM

Purpose: To provide Financial Assistance to dependent children of Knights of Columbus and their affiliates for the furthering of their Catholic High School education.

Financial Grant Awards: Financial Grants are awarded based upon the financial need of the family. Because of the sensitive nature of the information required, the committee will only see that part of the application which contains the material necessary to award a grant and not who is applying. Students MUST supply all the information specified under "REQUIREMENTS" below. Four (4) Financial Grants will be awarded. Student may be a FRESHMAN, SOPHOMORE, JUNIOR or SENIOR in the amounts of one(1) \$1,000 and three (3) \$500 for each year. An application may be submitted for each year the student attends a Catholic High School.

- 1. Applicant must be a son, daughter, grandchild or legal ward of a Knight of Columbus, Columbiette or Ladies Auxiliary member in good standing; a Squire or Squirette in good standing. Children of deceased members whose demise occurred while in good standing are also eligible.
2. Acceptance in a Catholic High School for the year beginning September of the year of application. Proof of acceptance will be required.
3. All applications MUST bear the Council Seal and the signature of the Grand Knight and the Financial Secretary verifying good standing or certifying the Auxiliary signatures.
4. Signature of Parent or Guardian is required to certify the accuracy of all information on the application and acceptance of the requirement for objective proof, if required.
5. After the first year, a new application MUST be made for continuation of the Financial Grant which will depend upon continued attendance in a Catholic High School, maintenance of a scholastic record that is satisfactory, as well as evidence of continued need.
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 see only that part of the application which contains this material. Attach current IRS 1040 or payroll statement.
7. Failure to answer all questions completely or to obtain the required signatures will be cause for disqualification or return of the application. Write "NONE" or "NO" IF ANY QUESTIONS DO NOT APPLY.
8. THE DECISION OF THE COMMITTEE IS FINAL.

Other Related Information:

- 1. For purpose of filing, the location of the Council decides the County of residence.
2. A student entering a 9th grade in a Catholic High School may apply for both a Financial Grant and a Scholarship Award, but may receive ONLY one or the other. This selection will not affect their right to apply for a Financial Grant the following year.
3. Payments of Financial Grant Awards are made annually, directly to the Catholic High School in part payment of tuition.
4. Financial Grant notification will be made by letter from the High School Assistance Chairman. Only winners will be notified. No other announcements will be made.

CONTROL NUMBER: \_\_\_\_\_

1. Father's Employer: \_\_\_\_\_

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

Annual Gross Salary: \_\_\_\_\_ Years of Service: \_\_\_\_\_

\*\*\* ATTACH A COPY OF PAYROLL STATEMENT \*\*\*

Occupation/Position: \_\_\_\_\_ Age: \_\_\_\_\_

If not employed is Father Disabled: (Y/N) \_\_\_\_\_ Term of Disability: \_\_\_\_\_

2. Mother's Employer: \_\_\_\_\_

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

Annual Gross Salary: \$ \_\_\_\_\_ Years of Service: \_\_\_\_\_

**\*\*\* ATTACH A COPY OF PAYROLL STATEMENT OR IRS 1040 \*\*\***

Occupation/Position: \_\_\_\_\_ Age: \_\_\_\_\_

If not employed is Mother Disabled: (Y/N) \_\_\_\_\_ Term of Disability: \_\_\_\_\_

3. Other income Sources	Working Children: \$ _____	Union: \$ _____	Social Security: \$ _____
Insurance: \$ _____	Savings Accounts: \$ _____		
Welfare: \$ _____	Pensions: \$ _____		

4. Family Information: Number of Dependent Children: \_\_\_\_\_  
 Living Home: \_\_\_\_\_ In School: \_\_\_\_\_ Working: \_\_\_\_\_

List Child's Name, Address, Grade & School:

\_\_\_\_\_

5. Indebtedness Information: Home: Owned: \_\_\_\_\_ Rented: \_\_\_\_\_

Monthly rent: \$ \_\_\_\_\_ Mgt. Payment (W/O Taxes): \$ \_\_\_\_\_ Taxes: \_\_\_\_\_

Cars owned: \_\_\_\_\_ Monthly Payments: \$ \_\_\_\_\_

Remaining Balance: \$ \_\_\_\_\_

6. OTHER DEBT

TYPE	BANK/FINANCE CO.	UNPAID BALANCE
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\_\_\_\_\_  
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7. Attach a copy of previous Federal Income Tax Forms.

School and Grade to which Student is APPLYING:

