

KNIGHTS OF COLUMBUS COUNCIL #1121 GRANT APPLICATION
TO ST. FRANCIS BORGIA REGIONAL HIGH SCHOOL – 2017/2018

PART I: TO BE COMPLETED BY STUDENT

The information in this application is very important to the committee in helping to determine the recipients of these grants. Please fill out the form COMPLETELY and ACCURATELY. All information will be kept strictly CONFIDENTIAL.

PLEASE PRINT

NAME _____
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH _____ MALE _____ FEMALE _____

ADDRESS _____
(Number/Street/Rural Route Box)

(City/Town) (State) (Zip) (Phone)

PRESENT CATHOLIC SCHOOL _____ PRESENT GRADE _____
NUMBER OF YEARS ATTENDING CATHOLIC SCHOOLS (INCLUDING PRESENT YEAR): _____.

PARISH CHURCH _____ CITY/TOWN _____

I certify that the applicant above is an active member of my parish.
PASTOR SIGNATURE _____

The student's father or grandfather must be a paid up member of KC Council #1121, or mother or grandmother a paid up member of the Ladies' Auxiliary Council #1121. Points are received from any two people below. PLEASE FILL IN THE FOLLOWING INFO:

Father's NAME _____ Living _____ Deceased _____
(Membership number)

Grandfather's NAME: _____ Living _____ Deceased _____
(Membership number)

Mother's NAME _____ Living _____ Deceased _____

Grandmother's NAME _____ Living _____ Deceased _____

SIGNATURE OF APPLICANT _____ DATE _____

On a separate sheet of paper, please write NEATLY or type a short essay (1 page maximum) stating why you want to attend, or continue to attend, St. Francis Borgia Regional High School. Emphasize your faith & spiritual growth, the importance of being a Catholic, Christian values, service and character.

When above is complete, have your parent(s)/guardian fill out Part II. Give Part III to your counselor, principal, teacher or designated school official, along with your Christian/Community Service hours and any documentation of those hours. The designated school official is responsible for filling out Part III and then returning the forms to the student or student's parent(s) in a SEALED school envelope by April 1, 2017. Applicant or parent(s) is responsible for assembling and returning all forms in proper order, according to checklist.

COMPLETED FORMS AND ATTACHMENTS MUST BE RECEIVED BY THE KNIGHTS OF COLUMBUS BY FRIDAY, APRIL 14, 2017. You can drop them off at the KC Hall in a SEALED envelope, or mail them to the address below. Postmarks after April 13 will not be considered.

MAIL TO: KNIGHTS OF COLUMBUS
Attn: DEE SHIRLEY – GRANT COMMITTEE
1121 COLUMBUS LANE
WASHINGTON, MO 63090

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PART II: TO BE COMPLETED BY PARENTS

FATHER'S NAME _____ AGE _____

OCCUPATION _____ EMPLOYER _____

MOTHER'S NAME (maiden) _____ AGE _____

OCCUPATION _____ EMPLOYER _____

____ Married and Living Together ____ Divorced ____ Never Married

REQUIRED: Attach copies of pages 1 & 2 only of your 2016 Federal Income Tax Return. NOTE: Failure to submit copies of federal tax return will result in this application not being considered by the committee.

WILL YOU RECEIVE ANY OTHER FINANCIAL AID, IE, SCHOLARSHIPS/GRANTS, ETC. FOR THIS COMING SCHOOL YEAR? Yes ___ No ___ NOT SURE ___ IF YES, LIST SCHOLARSHIPS, GRANTS, ETC, & AMOUNTS BELOW:

NAME OF SCHOLARSHIP/GRANT	AMOUNT	RECEIVED	WILL RECEIVE
_____	_____	_____	_____
_____	_____	_____	_____

Are there any SPECIAL CIRCUMSTANCES that should be considered by this committee: i.e., any extraordinary expenses, illnesses, hardships, etc. your family has had during the past year or two? (You must attach additional information, handwritten or typed on a separate sheet, if this is applicable to you.)

NAMES AND AGES OF CHILDREN (or other dependents) LIVING WITH YOU:

NAME	AGE	SCHOOL/GRADE
_____	_____	_____/_____ /_____ /_____ /_____ /_____ /_____
_____	_____	_____/_____ /_____ /_____ /_____ /_____ /_____
_____	_____	_____/_____ /_____ /_____ /_____ /_____ /_____
_____	_____	_____/_____ /_____ /_____ /_____ /_____ /_____

Make sure your son/daughter's Christian/Community Service hours are given, along with PART III to the proper school official.

If the applicant is awarded a grant, there is mandatory attendance at Family Appreciation Dinner on Sat, May 13, 2017.

FATHER or MOTHER'S SIGNATURE _____ DATE _____

A school official will fill out Part III and return the form along with other necessary documentation, i.e. Christian Service hour documentation and a letter of recommendation, in a sealed school envelope to the student or student's parent(s). That information is to remain sealed and sent along with Part I and II to the KC Grant Committee.

**KNIGHTS OF COLUMBUS COUNCIL #1121 - GRANT APPLICATION CHECKLIST
FOR ST. FRANCIS BORGIA REGIONAL HIGH SCHOOL – 2017/2018**

NOTE: The KC Grant Program is **ONLY** for students currently enrolled in a Catholic school, either in 8th grade or high school, whose father/grandfather is a paid up member of KC Council #1121, and/or whose mother/grandmother is a paid up member of the Ladies Auxiliary of Council #1121. *(Students of deceased members can apply.)* **Student must be an active member of a Catholic Parish and must have attended a Catholic School for at least the past 4 years.** Grants are predominantly *need* and *Christian or community* service based. Consideration is also given to character and desire to attend SFBRHS. Christian/Community Service hours are strongly encouraged. **Note: (Generally, gross incomes greater than \$100,000 will not be eligible for these grants.)**

NAME OF APPLICANT _____ GRADE-2016/2017: _____

(RETURN CHECKLIST ON TOP OF OTHER DOCUMENTS OF APPLICATION IN BELOW ORDER.)

1. _____ Completed Application. *(Parts I, II, III).* **Must be received at the KC Hall no later than Fri, April 14, 2017.**
2. _____ Copy of pages 1 & 2 of your 2016 Federal Income Tax Return (IRS Form 1040).
3. _____ Christian/Community Service Hours Documentation (please attach form (s)).
4. _____ Short essay from **applicant** on why they want to attend/keep attending SFBRHS. (Maximum 1 Page)
***Hand-written signature of student required on essay.**
5. _____ Letter from Principal, Counselor, Teacher or Pastor endorsing the student’s qualities for acceptance to or/continuance at SFBRHS.
6. _____ Attachments (as needed) to clarify application, i.e., **Letter of Extenuating Circumstances**, which describes special situations affecting income: injuries, illness, layoffs, loss of job, etc. **(Check #6 if you are attaching special info.)**

***Points will be deducted for any required signature missing.**

FOR GRANT COMMITTEE USE ONLY

_____ <i>Adjusted Gross Income</i>	
_____ <i>KC MEMBERSHIP (F M GF GM DC)</i>	_____ <i>CHRISTIAN SERVICE (hrs)</i> _____
_____ <i>FINANCIAL AID (Inc _____ + Dep _____)</i>	_____ <i>KC CHRISTIAN SERVICE (hrs)</i> _____
_____ <i>OTHER SCHOLARSHIPS RECEIVED (or will receive): \$ _____</i>	_____ <i>MISSING SIGNATURES</i>
Total Objective Points: _____	Total Subjective Points _____ Total Points _____

(Revised 2/28/17 by Dee Shirley & Missy Piontek, Co-Chairs Grant Committee)

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PART III: TO BE COMPLETED BY PRINCIPAL, COUNSELOR OR TEACHER

NAME OF APPLICANT _____ GRADE _____ DATE _____

This applicant has attended a Catholic School for a minimum of 4 years: Yes _____ No _____

PLEASE ATTACH ONLY ONE LETTER OF RECOMMENDATION FROM APPROPRIATE SCHOOL OFFICIAL, OR PRIEST. (*Emphasis on character, faith & spiritual growth, attitude toward & evidence of Christian Service given in school, parish or community.*)

THE FOLLOWING MUST BE COMPLETED BY A COUNSELOR OR PRINCIPAL:

The applicant is in good standing at our school and a worthy student whom I would recommend. . ___Yes ___No
Comments: (optional) _____

Christian Service Hours: from (4/1/16 to 3/31/17): (or to date of mailing if before 4/1/17) _____ hours.
Students will be given double points for Christian Service hours worked at any KC Seisl #1121 events (required hours from last year's award cannot be counted.) There is an emphasis on Christian Service for grant consideration. It may be beneficial to the applicant if you keep an itemized record of Christian Service hours. Please provide documentation and supervisor or school official's signature.

_____. Documentation attached: ___yes ___no
(supervisor or school official's signature)

SIGNATURE OF PRINCIPAL/COUNSELOR or designated school official:

TITLE _____ DATE _____ SCHOOL _____

*****END OF APPLICATION*****

PRINCIPAL OR COUNSELOR:

When Part III is complete, please return this form and any other official documentation required with Part III, i.e., Christian Service hours documentation and letter of recommendation in a sealed school envelope to the student or student's parent(s), who in turn will submit the sealed envelope to the KC Grant Committee along with Part I & Part II, which they fill out. Thank you for your help with the application process.

FORMS MUST BE RETURNED TO STUDENT/PARENT(S) no later than APRIL 1, 2017 for grant consideration and eligibility.