

**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 Program

New York State Knights of Columbus  
359 Route 111  
Bldg 1, Suite 2  
Smithtown, NY 11787



**NEW YORK STATE COUNCIL  
KNIGHT OF COLUMBUS  
HIGH SCHOOL  
TUITION GRANT  
PROGRAM**



**TUITION GRANT  
APPLICATION**

**\*\*\*IMPORTANT\*\*\* FILING DEADLINE:**

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 15th** preceding the September school start-up date the applicant plans to enter high school.

**NEW YORK STATE COUNCIL, KNIGHTS OF COLUMBUS  
TUITION GRANT 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 are awarded based upon the financial need of the family. Because of the sensitive nature if 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 students 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 Knights 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. **CURRENT W-2 and 1040 FORMS MUST ACCOMPANY ALL APPLICATIONS.**
4. Signatures of Parent or Guardian and the Sponsoring Member are required to certify the accuracy of all information appearing on the application.
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 “N/A” if any questions to not apply. (NOTE: Any documents received other than those specified will not be considered in the Selection Committees decision.)
8. THE DECISION OF THE COMMITTEE IS FINAL.

**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 K. of C. Council Scholarship Chairman. **ONLY WINNERS WILL BE NOTIFIED.**

Completed Tuition Grant applications should be mailed/submitted to:  
Robert W. Wissert, PGK, FDD, Executive Secretary  
New York State Council, Knights of Columbus  
359 Route 111  
Bldg 1, Suite 2  
Smithtown, NY 11787

**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 15th preceding the September school start-up date the applicant plans to enter high school.**

**N.Y. STATE COUNCIL  
KNIGHTS OF COLUMBUS  
High School Tuition Grant Program**

**PLEASE PRINT CLEARLY**

Applicant 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**