

# Kansas Knights of Columbus Religious Education Fund

## 2017-2018 Request Form

### FILL OUT COMPLETELY

(Please type or print)

PARISH OR HIGH SCHOOL NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ ARCH DIOCESE: \_\_\_\_\_

PLEASE CIRCLE the program in which funds will be used:

High School	_____	High School PSR, CCD, RE, SOR (Circle one)
Catholic Grade School	_____	Grade School PSR, CCD, RE, SOR (Circle one)
Adult Education	_____	RCIA (Circle one)

For our records, we would like to have some idea of what items you are going to purchase with the money received:

What refund is for:

Total Amount of Money Requested: \$ \_\_\_\_\_ (Not to Exceed \$375.00)

Pastor or Chaplain  
(Please Print) \_\_\_\_\_

Pastor or Chaplain  
(Signature) \_\_\_\_\_

Grand Knight  
(Please Print) \_\_\_\_\_

Grand Knight  
Signature \_\_\_\_\_

Council Name \_\_\_\_\_

Council # \_\_\_\_\_

District # \_\_\_\_\_

**MAIL THIS REQUEST FORM BEFORE SEPTEMBER 28TH, 2017 TO:**

Rev. Daniel Gardner  
State Chaplain Kansas State Council  
800 Hiawatha Ave.  
statechaplain@kansas-kofc.org  
Hiawatha, KS 66434

ONLY ONE REQUEST PER FORM

(Copy this form before completing if necessary)