

VOCATIONS GRANT REQUEST FORM (2007-2008)

Knights of Columbus, Virginia State Council

(Guidelines for completing form on back page)

Date _____

Name _____ Postulant or Seminarian _____

Address _____

City/State/Zip _____

Phone Number (____) _____ Current Diocese _____

Name/Address/Phone Number of your Vocations Director, Seminary or Motherhouse.

Member of Knights of Columbus: Yes ___ No ___ Council # _____ Council Name _____

City _____ State _____

Grant request amount: _____

Reason/Time Frame for grant request. (Attach additional information as required)

Applicant Signature _____ Print Name _____

Sponsoring Council # _____ Council Name _____

City _____ State _____ Zip _____

Council Action: _____

Signed: _____ Date: _____

Grand Knight Phone/Email: _____

GUIDELINES FOR COMPLETING VOCATIONS GRANT REQUEST FORM

Please type, or print in black ink.

Applicant must make an application for vocation grant through a sponsoring Council or the Virginia State Council.

Applicant must show current Diocese or future slated Diocese.

Reason for grant request, the time frame required; the availability of other funds for the purpose required; statement of current resources, and other sources of financial support must be detailed. Attach additional information as required.

Request may be accompanied by a letter listing any extenuating circumstances that may help the Vocations Committee approve the request.

Council should state what the Council is doing for the support or reason for lack of support of this application.

Mail the request to:

David J. Todd, PGK, DD, PFN
VA State Vocations Chairman
3137 Plantation Pkwy.
Fairfax, VA 22030-2117
703-352-2724
datodd@verizon.net