

**Kansas Knights of Columbus Religious Education Fund
2011 - 2012**

**Request Form
FILL OUT COMPLETELY
(Please print or type)**

PARISH/HIGH SCHOOL NAME _____

CITY _____ **ARCH/DIOCESE** _____

PLEASE CIRCLE: Catholic High School High School PSR, CCD, RE, SOR
(applicable)

Catholic Grade School Grade School PSR, CCD, RE, SOR

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

Total Amount of Money Requested: \$ _____
(Not to Exceed \$300.00)

Pastor or Delegate (Please Print)

Grand Knight (Please Print)

Pastor or Delegate (Signature)

Grand Knight (Signature)

Council Name

Council #

District #

MAIL THIS REQUEST FORM BEFORE OCTOBER 1, 2011, TO:

**Rev. Ken Schuckman
State Chaplain Kansas State Council
Sacred Heart Catholic Church
PO Box 578
Colwich, KS 67030-0578**

***Only 1 Request Per Form:**

Please copy this form if needed.