



The Ontario Knights of Columbus Bursary Program

The Ontario Jurisdiction of the Knights of Columbus, a Catholic, Fraternal, Family Organization, continues its Provincial bursary program in honour of our State Chaplains, to assist Knights, members of their families and Squires entering the first year of a post-secondary education.

RULES AND CONDITIONS

** Only Current Bursary Application Forms will be accepted*

A) ELIGIBILITY

- 1) Candidates Eligible For An Ontario Knights Of Columbus Bursary Are:
 - i. A member of the Knights of Columbus of Ontario in good standing.
 - ii. The wife, son or daughter of a member in good standing.
 - iii. The wife, son or daughter of a deceased member in good standing at the time of his death.
 - iv. A Catholic grandchild of a member in good standing.
 - v. An active member of Ontario KofC Provincial Squires program
- 2) **Candidates Must Have Applied For Admission Into A Full-Time Program At A University or College in Ontario.**
- 3) Marks, although important, will not be the only criteria used by the Evaluating Committee. Proven financial need and service to church and community will be heavily weighted.

B) APPLICATION REQUIREMENTS

- 1) The final date for filing an application shall be 1 June. Materials submitted in support of the application are not returnable.

NOTE: An application is deemed to be incomplete unless completed in full and includes the following items:

- An autobiographical statement containing a description of the applicant's educational objectives and his/her involvement in the parish/council/circle/community/school must accompany the application form. **(One (1) typed page maximum.)**
- A letter of recommendation from the Principal (or designate) of the secondary school.
- An official transcript of secondary school grades including, if applicable, mid-term marks of the second semester of the final year must accompany the application form.
- **Note to Pastors and School Principals**, if the comments section does not provide enough space please attach an additional page with your comments.

C) NOTE

- 1) The decision of the Bursary Committee shall be final. Successful candidates will be notified by mail, by June 30 and their names and Council/or/Squires affiliation will be published in the fall edition of the State Bulletin and on the Ontario KofC website.
- 2) A cheque, representing the amount of the bursary shall be forwarded to the college/university, upon receipt of verification of proof of registration and attendance.
- 3) The amount of the bursary and the number of bursaries granted may vary annually.
- 4) Incomplete applications will not be considered by the Bursary Committee.

D) ADDRESS

Address all communication to:

**Ontario Knights of Columbus, Bursary Program
393 Rymal Road West, Suite 201
Hamilton ON L9B 1V2**

Schools and individuals may reproduce this form or download copies through our website, www.ontariokofc.ca **Note** the form is interactive and can be filled in on the computer and printed.



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Application Form

Ontario State Office, Knights of Columbus 393 Rymal Road West, Suite 201 Hamilton, ON L9B 1V2

Fax (905) 388-8738

Section A: Personal Information

Name of Applicant		
Street address		City
Postal Code	Telephone	E-mail
Name of KofC Member		Council No.
Street address (if different)		City
Postal Code	Telephone	E-mail
Father's occupation	Income / Pension (from Line 150 I.T. Returns)	
Mother's occupation	Income / Pension (from Line 150 I.T. Returns)	
Applicant's occupation	Income / Pension (from Line 150 I.T. Returns)	
Additional Dependent Children? Yes <input type="radio"/> No <input type="radio"/>	Number	Ages
Name of University or College I will attend		
Street address		
City	Province	Postal Code
Name and Address of High School presently attending		
Street address		
City	Province	Postal Code

Section B: Pastor's / Council Chaplain's Verification

I certify that the above applicant is an active member of _____ Parish

Comments:

Date: _____ Pastor's/Council Chaplain's signature

Section C: Council Verification

Council Name	Council Number	District Number
Street address	City	Postal Code

I _____ certify that _____

Financial Secretary *Member's Name*

Is a Member in good standing

Was a Member in good standing at the time of his death on the records of Council No. _____

Date: _____ Signature

Section D: Principal's / Counsellor's Verification and Comments

I certify that the above applicant is/will be a graduate of _____ high school

Comments:

Date: _____ Signature of Principal / Counsellor

I affirm that the information given in this application is true and complete. I have read in their entirety the rules and conditions for the Ontario Knights of Columbus Bursary Program printed on this application and I hereby accept and agree to these rules

Date: _____ Applicant's Signature