



Knights of Columbus
Rhode Island State Council
1047 Park Ave.
Cranston, RI 02910
Stephen Cioffi, State Deputy

State Council of Rhode Island Knights of Columbus
College/University Book Award

Application Package Requirements

The application package must be complete to be considered for the Book Award. The complete package must be received by April 22, 2010. Only complete packages received by April 22, 2010 and sent to the following address will be considered for the award:

Mr. Kenneth Kurkoski FDD.
1Huckleberry Lane
West Warwick, RI 02893

Application Package Requirements:

- 1) The 2-page application form attached to this cover sheet completed in full.
- 2) Copies of both applicant's and parent/family's Federal Income Tax form (1040 or 1040A) for 2009. For privacy purposes, social security numbers may be eliminated.
- 3) Official copy of the applicant's college or high school transcript verifying academic standing and grade point average (G.P.A.)
- 4) Letters of verification from the organization(s) that the applicant performed community service hours for. The letter(s) must be originals, on official organization letterhead. The letter(s) should indicate the type of volunteer service performed and the amount of hours the applicant served over the past 12 months. The letter(s) must be signed by a person in the organization familiar with the applicant's work.
- 5) The applicant or sponsor must be or have been a member of the third degree in good standing.



RHODE ISLAND STATE COUNCIL
KNIGHTS OF COLUMBUS

BOOK AWARD APPLICATION

APPLICANT'S NAME _____ D.O.B. _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____

PARISH AND PASTOR/S NAME _____

ELIGIBLE K of C SPONSOR _____

COUNCIL NAME _____ COUNCIL # _____

RELATIONSHIP TO APPLICANT _____

CHECK THE APPLICABLE CATEGORY:

- FIRST TIME APPLICANT _____
- PREVIOUS AWARD WINNER _____ YEAR OF AWARD _____

BROTHERS & SISTERS

FIRST NAME ONLY	AGE	LIVING	AT HOME?	ATTENDING COLLEGE?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HOW MANY DEPENDANTS ARE CLAIMED AS FEDERAL TAX DEDUCTIONS? _____

Applicants will be evaluated using the following criteria.

- (1) Family income, which is defined as total taxable income from all members of the family on the head of household tax return.
- (2) Number of dependants in the family
- (3) Other members of the family attending A full-time college, junior college or a specialized school where a certificate will be awarded from a program of at least two years in duration.

TOTAL TAXABLE INCOME AS REPORTED ON FEDERAL TAX FORM 1040 OR 1040A, FOR STUDENT AND FAMILY. (ATTACH FORM 1040 OR 1040A) \$ _____

WHICH SCHOOL ARE YOU CURRENTLY ATTENDING? (high school or college)

MAJOR COURSE OF STUDY _____

YEAR OF GRADUATION _____

MOST RECENT CUMMULATIVE GRADE POINT AVERAGE _____
(ATTACH A COPY OF THE OFFICIAL TRANSCRIPT FROM YOUR SCHOOL)

WHAT ORGANIZATIONS DO YOU BELONG TO? _____

COMMUNITY AND SCHOOL ACTIVITIES (ATTACH PROOF OF ACTIVITIES.)

AWARDS OR HONORS _____

COLLEGE OR SCHOOL YOU PLAN TO ATTEND IN 09/10 _____

AREA OF STUDY _____

ESTIMATED EXPENSES FOR ACADEMIC YEAR: TUITION _____

ROOM & BOARD _____ BOOKS & SUPPLIES _____

MISCELLANEOUS _____ ESTIMATED TOTAL _____

ATTEST THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND AUTHORIZE ITS USE ONLY TO EVALUATE THIS APPLICATION.

APPLICANTS SIGNATURE _____ Date _____

ELIGIBLE MEMBERS. SIGNATURE _____ Council # _____

**Mail the completed form and all
attachments by April 22, 2010
Return to Scholarship Chairman**

**TO: Ken Kurkoski
1Huckleberry Lane
West Warwick, RI 02893
401-822-3344**