

**KNIGHTS OF COLUMBUS
JURISDICTION OF VIRGINIA**

Name _____ Postulant or Seminarian _____

Address _____

Current
Diocese _____ City _____ State _____

Name/Address and Phone Number for your Vocations Director or other contact

Member or Knights of Columbus Yes No
Council Number _____ City _____ State _____

Grant request amount _____
Reason for grant request, current resources, and other sources of financial support. Attach additional information as required.

Sponsoring Council _____ Signed _____, Grand Knight

Applicant Signature _____ Print Name _____

City _____ State _____ Zip Code _____

Request shall be accompanied by a letter listing all current expenses and any extenuating circumstances that you feel will help the vocations committee to approve this request. The vocations committee will then consider the request and notify you of its decision. (note: the vocations chairman may be contacted to support your request).

Kindly mail the request to:

Lanny White
State Vocations Chairman
4748 Michaux Drive
Virginia Beach, VA 23464