

Kansas Knights of Columbus Religious Education Fund

2025-2026 Request Form
FILL OUT COMPLETELY (Please type or print)

DATE SUBMITTED: _____

PARISH OR HIGH SCHOOL NAME: _____

CITY: _____ (ARCH)DIOCESE: _____ PLEASE CIRCLE
the program in which funds will be used:

High School PSR, CCD, RE, SOR

Catholic High School _____ (Circle one)

Grade School PSR, CCD, RE, SOR

Catholic Grade School _____ (Circle one)

Adult Education RCIA (Circle one)

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 \$450.00)

Pastor or Chaplain (Please Print) _____

Pastor or Chaplain (Signature) _____

Grand Knight (Please Print) _____

Grand Knight Phone: _____

Grand Knight Signature _____

Council Name _____

Council # _____

District # _____

MAIL OR EMAIL THIS REQUEST FORM BEFORE OCTOBER 1ST, 2025 TO:

Rev. Brian Lager
State Chaplain Kansas State
Council 585 N French Ave.
Colby, KS 67701
statechaplain@kansas-kofc.org

ONLY ONE REQUEST PER FORM
(Copy this form before sending if necessary)