Kansas Knights of Columbus Religious Education Fund

2026-2027 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 $600.00)

Pastor or Chaplain (Please Print) _____

Pastor or Chaplin (Signature) _____

Grand Knight (Please Print)_____

Grand Knight Phone: _____

Grand Knight Signature _____

Council Name _____

Council # _____

District # _____

MAIL OR EMAIL THIS REQUEST FORM BEFORE OCTOBER 1ST, 2026 TO:

Rev. Sam Brand
State Chaplain Kansas State Council
302 South B Street
Arkansas City, KS 67005
statechaplain@kansas-kofc.org

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