



*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, or postmarked, by APRIL 13, 2019.**

**Application Package Requirements:**

- 1) The 2-page application form attached to this cover sheet completed in full. Incomplete applications will not be eligible for an award.
- 2) Copies of both applicant's **and** parent/family's Federal Income Tax form (1040 or 1040A) for 2018. For privacy purposes, social security numbers should be blacked out.
- 3) Copy of the applicant's college or high school transcript verifying academic standing and grade point average. Unofficial transcripts can be submitted if official ones cannot be obtained.
- 4) Letters of verification from the organization(s) that the applicant performed community service hours for. The letter(s) must be originals and 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. Any listed community service that is not verified or documented will not be evaluated by the committee.
- 5) The applicant or sponsor must be or have been a member of the third degree in good standing.
- 6) Applicant must be attending a public or private college or university for the 2019-2020 academic year. (College or university does not need to be a Catholic institution)
- 7) **Please note the following change to applicant sponsor requirements:**  
*If the applicant's father is eligible to be a member of the Knights of Columbus, and he is not, a grandparent is **not** eligible to sponsor the applicant.*



RHODE ISLAND STATE COUNCIL

*KNIGHTS OF COLUMBUS*

COLLEGE BOOK AWARD APPLICATION

APPLICANT'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER: Home \_\_\_\_\_ Cell \_\_\_\_\_

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PARISH AND PASTOR'S  
NAME \_\_\_\_\_

Sponsor's Name & Member Number \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

COUNCIL NAME and # \_\_\_\_\_

**CHECK THE APPLICABLE CATEGORY:**

- **FIRST TIME APPLICANT?** \_\_\_\_\_
- **PREVIOUS AWARD WINNER?** \_\_\_\_\_ **YEAR OF AWARD** \_\_\_\_\_

NUMBER OF SIBLINGS LIVING AT HOME \_\_\_\_\_

HOW MANY DEPENDANTS ARE CLAIMED AS FEDERAL TAX DEDUCTIONS? \_\_\_\_\_

TOTAL TAXABLE INCOME, AS REPORTED ON 2018 FEDERAL TAX FORM 1040 OR 1040A, FOR STUDENT AND FAMILY. (ATTACH FORM 1040 OR 1040A) \$ \_\_\_\_\_

NAME OF SCHOOL APPLICANT IS CURRENTLY  
ATTENDING \_\_\_\_\_

NAME OF SCHOOL APPLICANT WILL ATTEND FOR THE 2019-2020 ACADEMIC YEAR  
\_\_\_\_\_

MAJOR COURSE OF  
STUDY \_\_\_\_\_

ANTICIPATED YEAR OF COLLEGE GRADUATION \_\_\_\_\_

CURRENT GRADE POINT AVERAGE \_\_\_\_\_

ORGANIZATIONS THAT APPLICANT BELONGS TO:

NUMBER OF **DOCUMENTED** COMMUNITY SERVICE HOURS FOR THE PAST SCHOOL YEAR \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPONSOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## **RETURN FORMS AND REQUIRED DOCUMENTS BY Saturday April 13, 2019**

*(Please note that this is a HARD deadline...no application will be considered if postmarked, or received, after  
April 13, 2019)*

**MAIL APPLICATION TO:**

**Adam Scott  
221 Cindyann Drive  
East Greenwich, RI 02818**

**Email: [ams0708@verizon.net](mailto:ams0708@verizon.net)**

**Cell Phone: 401-226-3868**

***\*\*The final selection of award winners is final. Decisions will not be discussed with any applicant, sponsor  
or council member as to why an applicant did or did not receive an award.***

