



# Knights of Columbus

TERRA NOVA COUNCIL 1452

49 St. Clare Avenue  
St. John's, NL  
A1C 5M3

## PRIMARY EDUCATION FUND APPLICATION FOR BENEFITS

Date: \_\_\_\_\_

Please type or print the following:

Name of student applying for benefits: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student's present address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of student's deceased father: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Student is presently attending (give name of educational institution & proof of registration):

\_\_\_\_\_

Course/Program Being taken by student: \_\_\_\_\_

Student is in (give grade, level, year): \_\_\_\_\_

**NOTE: For post-secondary students, proof of completion of previous term is required.**

*Mail to: Chairman, Primary Education Fund Committee*

*Terra Nova Council, Knights of Columbus*

*P.O. Box 955, St. John's, NL A1C 5M3*

Signature of student: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

### FOR OFFICE USE ONLY

Application approved on: \_\_\_\_\_

Signature of Chairman: \_\_\_\_\_