



**KNIGHTS OF COLUMBUS**  
MAKING A DIFFERENCE FOR LIFE

TO: SCHOLARSHIP APPLICANT  
FROM: DEPARTMENT OF SCHOLARSHIPS  
RE: BISHOP CHARLES P. GRECO GRADUATE FELLOWSHIPS

The Knights of Columbus awards annually the Bishop Charles P. Greco Graduate Fellowships for full time graduate study leading to a Master's degree in a program designed for the preparation of classroom teachers of people with intellectual disabilities.

The maximum amount of the grant is \$2,000 payable to the university in amounts not to exceed \$500 per semester.

To be eligible, an applicant must be a member in good standing of the Knights of Columbus or the wife, son or daughter of such a member or deceased member. The complete rules of eligibility are described on page two of the application.

So that your application is received in our office by May 1, 2020 mail it promptly to:

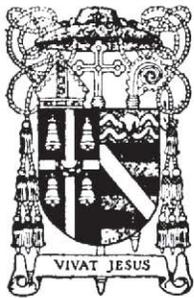
COMMITTEE ON FELLOWSHIPS  
DEPARTMENT OF SCHOLARSHIPS  
KNIGHTS OF COLUMBUS  
P O BOX 1670  
NEW HAVEN CT 06507-0901



# KNIGHTS OF COLUMBUS

## BISHOP CHARLES P. GRECO GRADUATE FELLOWSHIPS

APPLICATION



“... that the memory of our Supreme Chaplain will forever be enshrined in the history of our society . . . we have recommended to the Board of Directors and from them received unanimous concurrence that this convention perpetuate the exemplary priesthood that distinguishes Bishop Greco with an education trust to produce \$10,000 annually, which earnings would underwrite on a competitive basis scholarship grants in the graduate study of special education for members, and the sons and daughters of our members. The fund would be known as the Bishop Charles P. Greco Graduate Fellowship Trust in the field of special education, identified with a concentration in the field of mental retardation.”

*John W. McDevitt, Report of the Supreme Knight  
to the 91st Supreme Convention  
Seattle, Washington, August 21, 1973.*

# **APPLICATION FOR KNIGHTS OF COLUMBUS BISHOP CHARLES P. GRECO GRADUATE FELLOWSHIP**

## **RULES OF ELIGIBILITY**

The following rules shall govern the Bishop Charles P. Greco Graduate Fellowships:

1. An eligible candidate for a Knights of Columbus Bishop Charles P. Greco Graduate Fellowship shall be a member in good standing of the Knights of Columbus, or the wife, son or daughter of such a member, or of a deceased Knight of Columbus who was in good standing at the time of his death. Such membership standing shall be verified from the records of the member's local council and of the Supreme Council.
2. These fellowships are for full time graduate study leading to a Master's degree in a program designed for the preparation of classroom teachers of people with intellectual disabilities.
3. An official transcript of the applicant's undergraduate academic record is to be sent to the Committee on Fellowships through the Department of Scholarships at the Supreme Council office.
4. An autobiographical statement which gives evidence of interest in this program as shown by an account of experiences, paid or voluntary, with people with intellectual disabilities must accompany this application. This statement should also give reasons for the selection of the graduate school named in this application. Special consideration will be given to applicants who select a Catholic graduate school.
5. Two recommendations from professional people who have observed the applicant's work with people with intellectual disabilities are to be sent to the Committee on Fellowships.
6. The grant will be sent directly to the university. A certified copy of acceptance as a full time student by a graduate school approved to prepare classroom teachers of people with intellectual disabilities must be received by the Committee on Fellowships before payment will be made.
7. The decision of the Committee on Fellowships shall be final.
8. The fellowship is granted at the beginning of a candidate's program of study and offers financial assistance for the educational costs at the graduate school up to a maximum of \$500 a semester. The grant is renewable each succeeding semester of the program to a maximum of four semesters, upon evidence of satisfactory performance and subject to the discretion of the Committee on Fellowships.
9. The final date for filing this application, with membership verified by the Financial Secretary, as well as for the supporting documents required in numbers 3, 4, and 5 above, is May 1. Materials submitted in support of the application are not returnable.
10. Address all communications to:  
Committee on Fellowships,  
Department of Scholarships  
P.O. Box 1670  
New Haven, Connecticut 06507-0901  
USA

Telephone: (203) 752-4332 • Fax: (203) 752-4103 • E-mail: Scholarships@kofc.org

# TO BE COMPLETED BY APPLICANT

*To protect your security, enter your Date of Birth and Social Security Number manually.*

Name of Applicant

\_\_\_\_\_

first name

middle name

last name

Mailing Address

\_\_\_\_\_

street and number

\_\_\_\_\_

city / town

state

zip

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

area code

number

area code

number

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

month

day

year

Social Security Number X X X - X X - \_ \_ \_ \_

I hereby apply for a Knights of Columbus

Bishop Charles P. Greco Graduate Fellowship

for the academic year beginning \_\_\_\_\_

month

year

To be used at:

Name of University \_\_\_\_\_

Address of University \_\_\_\_\_

The information given in this application I affirm to be true and complete. I have read in their entirety the Rules of Eligibility printed on this application and I hereby accept and agree to these Rules.

\_\_\_\_\_

signature of applicant

Date \_\_\_\_\_

# TO BE COMPLETED BY KNIGHTS OF COLUMBUS COUNCIL

## MEMBERSHIP VERIFICATION

Name of Council \_\_\_\_\_

Address \_\_\_\_\_

street

\_\_\_\_\_

city/town

state

zip

Name of Grand Knight \_\_\_\_\_ E-mail \_\_\_\_\_

Complete appropriate section.

\* 1. If applicant is a son or daughter of a Knight of Columbus:

Name of Father \_\_\_\_\_ Membership Number \_\_\_\_\_

I hereby certify that the above named Knight of Columbus is in good standing on the records of

Council Number \_\_\_\_\_

signature of Financial Secretary

date

\* 2. If applicant is a son or daughter of a deceased Knight of Columbus:

Name of Father \_\_\_\_\_ Membership Number \_\_\_\_\_

I hereby certify that the above named Knight of Columbus was in good standing at the time of his death on the records of

Council Number \_\_\_\_\_

signature of Financial Secretary

date

3. If applicant is a member of the Knights of Columbus:

Name of Member \_\_\_\_\_ Membership Number \_\_\_\_\_

I hereby certify that the above named Knight of Columbus is in good standing on the records of

Council Number \_\_\_\_\_

signature of Financial Secretary

date

\* For a member's wife or widow who is applying for a Bishop Greco Fellowship, complete the Membership Verification statement either No. 1 or No. 2 above, as appropriate and indicate her husband's name in lieu of the father's name.