

KNIGHTS OF COLUMBUS FR. GEORGE J. WILLMANN CHARITIES, INC.

Knights of Columbus Fraternal Association of the Philippines, Inc. (KCFAP) Center
Gen. Luna cor. Sta. Potenciana Sts., Intramuros, 1002 Manila
Tel. No. 527-2223 local 221 and 0929-7012789

1 x 1
Picture
(2 copies)

APPLICATION FOR LICENTIATE/DOCTORATE STUDIES (UST, LOYOLA SCHOOL OF THEOLOGY OR ROME)

TO: THE PRESIDENT

Knights of Columbus Fr. George J. Willmann Charities, Inc.

FROM: Grand Knight: _____ Council No. _____
Location: _____ G.K. Residence Address: _____
Tel./CP Nos. _____ Email: _____

Our council, in its regular business meeting held on _____, approved to recommend for your consideration our worthy council chaplain/assistant chaplain for scholarship.

1. Name of Council Chaplain/Assistant Chaplain: _____
 2. Place of Assignment: _____
 3. Present Position: _____ Tel./CP no. _____
 4. Diocese: _____ Date of Ordination: _____ Email: _____
 5. Home Address: _____ Tel. no. _____
 6. Date of appointment as Council Chaplain/Asst. Chaplain: _____
 7. Date of Birth: _____ Place of Birth: _____
 8. Citizenship: _____ Height: _____ Weight: _____
 9. Academic Background : (School/Yrs. Attended/Course/Degree)
High school : _____
College : _____
Post Graduate : _____
- Honors Received:** _____
10. Source of support while in Seminary: _____
 11. Graduate Major Desired: Canon Law, Scriptures, Theology, Psychology, etc.
a. First Priority : _____ c. Third Priority : _____
b. Second Priority: _____
 12. Choice of Graduate Course: () Licentiate/Masteral () Doctorate
 13. Choice of School: _____

(Scholarship for Rome Studies for SY 2018-2019 is open only to Luzon applicants)

OUR CHAPLAIN/ASSISTANT CHAPLAIN agrees to the following:

1. To devote _____ years exclusively to the pursuit of a _____ years Licentiate/Doctorate Degree.
2. To continue rendering service to the Catholic Church and the Knights of Columbus in the Philippines for at least two (2) years after graduation.

Enclosed are the relevant documents to support our recommendation:

- Certified True Copy of Transcript of Records from the seminary/seminaries he enrolled in
- Letter of endorsement from our Bishop
- Medical Certificate from a duly licensed physician
- Two passport size pictures

Submitted by: _____

(Signature of applicant)

(Signature of Grand Knight over printed name)

With my Blessings:

Noted by: _____

Arch/Bishop of _____

(Signature of District Deputy over printed name)