LONG ISLAND CHAPTER

Knights of Columbus

P.O. Box 340781 • Brooklyn, New York 11234

FRATERNAL ASSISTANCE PROGRAM
DANIEL A. RUSSO MEMORIAL FUND

APPLICATION FOR FRATERNAL SERVICE Applications should first be investigated by a Council Member appointed by the Grand Knight; then fill out form to avoid delay by mail to the home of the current Fraternal Assistance Program Chairman, who is the Vice Chairman of the Long Island Chapter.

Council, _____ Council No .. _____Members Social Security# _____ _

Member's Name _____ Address _____ _ City

_____ Zip _____Phone# _____Age _____Married? ___ Single? _____ _ Widowed? _____ Name of

Wife _____How long in order? _____ Number of dependents_____

How long ill? _____ Nature of illness, _____ _____ Occupation _____Is disability job related? _____

If the ill or injured person is a dependent of the applicant, state name, age and relationship _____
_____

Extent of need (debts, length of time without salary, etc.) _____
_____
_____

Report of Council investigator _____
_____
_____

I hereby certify that the applicant is a member in good standing I have personally investigated this applicant and recommend it for submission to the F.A.P. Committee.

Financial Secretary Date Phone Council Investigator Date Phone

On the basis of the certification and recommendation, and no information to the contrary, I hereby submit this application for consideration. COUNCIL SEAL

Grand Knight Phone Date

IMPORT ANT - All signatures must be subscribed and Council Seal attached.

DO NOT WRITE BELOW THIS LINE - RESERVED FOR COMMITTEE USE ONLY

Approved ____ Amount $ Disapproved ____

(sign) Member of Fraternal Assistance Committee

Dated ____/____/_____