

## SOUTH DAKOTA KNIGHTS OF COLUMBUS DEACON LOAN REGULATIONS AND ELIGIBILITY REQUIREMENTS

Student Loan Administrator  
Doug Chilson  
1921 Iowa Ave SE, Huron, SD 57350  
Phone: 605-350-6995  
sdakotaknights@gmail.com

The South Dakota State Council recognizes the importance of the permanent deaconate program that is conducted by both of the South Dakota Dioceses. There is an increasing need for these dedicated men to assist the local priests across South Dakota. The call has been answered and there are many men seeking the honor of being ordained a Deacon. It is the wishes of the South Dakota State Council to provide some financial assistance to these men that are actively enrolled in the Diocese Deaconate program.

The money is loaned to the applicant interest-free for the normal time that the applicant is participating in the permanent deaconate program. If the applicant discontinues the program, repayment must commence within six months. The appropriate payment schedule will be determined by the Student Loan. Interest will accrue at 6%.

**The amount of money advanced to the applicant will be equal to the amount donated by the applicant's local council to the applicant. This will apply for each loan requested.**

### Regulations:

**ELIGIBILITY:** Applicants must be a Knights of Columbus member in good standing (permanent South Dakota resident and being on record as a member of a South Dakota Knights of Columbus Council).

The applicants must meet the following:

- Be accepted in the permanent deaconate program at either South Dakota Diocese.
- Be actively attempting to complete the program.
- Have already received funds from his local council.

At the discretion of the Loan Committee, certain loans may be forgiven. Currently this applies to those being ordained and serving the people of South Dakota.

**MAXIMUM AMOUNT OF LOAN:** \$750 in any one year. A student is eligible to apply for four (4) loans in the total amount of \$3000 during their deaconate attendance.

Return this application to: **KC Deacon Loan Fund, Doug Chilson, 1921 Iowa Ave SE, Huron, SD 57350**. This application will be processed including possibly checking the references named by this applicant, plus confirmation of membership by the local council.

The application will be reviewed by the Loan Committee – the current State Officers. If approved, a promissory note will be issued to the student for signature. Upon the return of the signed note, a check will be issued to the applicant.

**THE FOLLOWING FORMS SHOULD BE COPIED AND THEN GIVEN TO**

**AN APPLICANT SAVING THE ORIGINAL FOR FUTURE APPLICANTS.**

**SOUTH DAKOTA KNIGHTS OF COLUMBUS  
DEACON LOAN ELIGIBILITY VERIFICATION**

TO BE COMPLETED BY THE LOCAL COUNCIL

I hereby certify that \_\_\_\_\_ is a

member in good standing on the records of Council

Number \_\_\_\_\_, located at \_\_\_\_\_ South Dakota.

Do you recommend this applicant for a loan from the South Dakota Knights  
of Columbus Student Loan Fund?

YES \_\_\_\_ NO \_\_\_\_

Comments:

**BY SIGNING THIS DOCUMENT, YOU ARE ACKNOWLEDGING YOUR COUNCIL HAS PROVIDED A MINIMUM OF \$750 TO THE APPLICANT. A PREVIOUS LOAN MATCH WILL NOT BE CONSIDERED. PLEASE ATTACH A COPY OF YOUR COUNCIL CHECK.**

Date \_\_\_\_\_

\_\_\_\_\_  
(signature of Grand Knight or Financial Secretary)

Return To:  
**Doug Chilson**  
Deacon Loan Administrator  
1921 Iowa Ave SE  
Huron, SD 57350  
PHONE: 605-350-6995  
sdakotaknights@gmail.com

**SOUTH DAKOTA KNIGHTS OF COLUMBUS  
DEACON LOAN APPLICATION**

Dear Deacon,

Please complete this application and return it to the address below. Your application will be processed and we will then notify you of our action.

**APPLICATION FOR A \$750.00 DEACON LOAN**

1. \_\_\_\_\_  
(name) (social security number) (date of birth)

\_\_\_\_\_  
(address) (city) (state) (zip) (telephone #) (email address)

2. \_\_\_\_\_  
(name and address of your Knights of Columbus Council)

3. East River or West River Permanent Deaconate Program: \_\_\_\_\_

4. Years of program remaining: \_\_\_\_\_ Anticipated graduation month/year: \_\_\_\_\_

5. Plans for use of education after graduation:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to:  
Deacon Loan Administrator Doug Chilson  
1921 Iowa Ave SE  
Huron, SD 57350  
Phone: 605-350-6995

**FOR USE BY DEACON LOAN ADMINISTRATOR**

ASSIGNED LOAN NUMBER \_\_\_\_\_ DATE TO COMMITTEE \_\_\_\_\_

DATE NOTE TO DEACON \_\_\_\_\_ DATE OF CHECK \_\_\_\_\_