

KJZT FAMILY LIFE

CATHOLIC SCHOOL TUITION BENEFIT

KJZT Family Life supports Catholic Schools and believes that all children should have access to a Catholic education. To aid in this, KJZT Family Life has developed a Catholic School Tuition Benefit for KJZT members who attend Catholic Schools. This is an annual benefit that will provide 100 grants of \$125 each to students attending Catholic Schools. Students will be chosen through a random selection process. All students who apply must be a KJZT Family Life member with life insurance. (Limit one application per student)

If you are interested in this benefit, please complete the application and Student Enrollment Verification form and mail to:

KJZT Family Life
PO Box 18896
Austin, Tx 78760

For additional information: 1.888.253.2338

Benefits will be paid directly to the Catholic School after attendance is verified. Applying for this benefit provides no guarantee that the application will automatically be selected.

Rules:

- The Catholic School Student must be a KJZT Family Life member with life insurance for at least one year.
- The student must be enrolled in a Catholic School, grades Kindergarten through 12 in the fall of 2020. Verification of attendance will be required.
- Students will be chosen through a random selection process and notified by mail.
- Please complete and submit the form below.
- Deadline for the fall of 2020 is May 29, 2020. Students chosen will be notified by June 30, 2020.

APPLICATION

Students Name: _____

Certificate No: _____ Society No: _____ Grade/Fall 2020: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Legal Guardian: _____

Phone: _____ Email: _____

Catholic School Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Legal Guardian Signature: _____

All entries must be complete and signed in order to qualify for drawing.



Student Enrollment Verification

Name of Student _____ Grade _____

Name of Catholic School _____

The Verification below is to be completed by a school official:

I, _____, certify that _____ is a student attending our Catholic School in the Fall of 2020 as required to be eligible to receive the KJZT Family Life Catholic School Tuition Benefit.

Please mail the tuition benefit check to the school address provided and note "Attention: _____"

Signature of School Official

Date

Title

Upon completion of this form, please submit to the KJZT Family Life State Office in one of the following ways:

Email: info@kjzt.org

Fax: 512-444-6887

Mail: KJZT Family Life, PO Box 18896, Austin, TX 78760