

**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 2024. The student must attend the Catholic School in person. 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 2024 is May 31, 2024. Students chosen will be notified by June 30, 2024.

**APPLICATION**

Students Name: \_\_\_\_\_

Certificate No: \_\_\_\_\_ Society Name & No: \_\_\_\_\_ Grade/Fall 2024: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Catholic School: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing 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 person in the Fall of 2024 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](mailto:info@kjzt.org)

Fax: 512-444-6887

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