

State Council Program Awards

Entry Form

ENTRY MUST BE RECEIVED BY THE STATE COUNCIL TO BE ELIGIBLE FOR THE COMPETITION
THIS REPORTING FORM MUST BE COMPLETED BY EACH COUNCIL AND FORWARDED TO THE STATE COUNCIL.
(A separate reporting form should be completed for each program category.)

CATEGORY (MARK ONE): Faith Family Community Life

COUNCIL INFORMATION:

1 Council Number: _____ Total Council Members: _____

Grand Knight: _____ E-Mail: _____

PROGRAM INFORMATION (complete all sections):

2 Program Title: _____ Program Date: _____

Participation: _____ + _____ = _____
Members Non Members Total Participants Total Volunteer Hours

Program Planning: _____ & _____ Members Recruited: _____ Donations: _____
Costs Time Local Currency

3 Describe the program in full detail using the space below and on page 2. Programs must be organized by the council or involve significant participation by council members to qualify. Programs must also engage members by enhancing faith and spirituality, serving a charitable purpose, or a combination of the two. Program descriptions should reference how they meet these criteria. *Along with the description of the program, provide the program's purpose, goals, accomplishments and why it deserves to win the award.*

Supplementary material may be submitted along with the nomination. Accompanying materials can include letters, testimonials, news clippings, photographs, pamphlets, etc. Do not submit tapes, videocassettes, DVD's, display materials, films, etc., as they will not be considered in judging the nomination.

DO NOT SUBMIT THIS REPORT FORM TO SUPREME COUNCIL

MAIL ORIGINAL TO: State Deputy or State Program Director

COPY TO: Council File

Available in electronic format at www.kofc.org



(continued on reverse)

Continue your program description in the space below.

A large, empty rectangular box with a thin black border, intended for the user to write a program description.

Signed: _____ Date _____
Grand Knight