



KNIGHTS OF COLUMBUS

STATE COUNCIL
SERVICE PROGRAM AWARDS
ENTRY FORM

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): CHURCH FAMILY
 COMMUNITY YOUTH
 COUNCIL

FROM: GRAND KNIGHT: _____ TELEPHONE NUMBER: _____

COUNCIL NAME _____ NUMBER: _____

LOCATION: _____ (TOWN OR CITY) _____ (STATE OR PROVINCE)

Project Title: _____

Date Project Conducted: _____

Purpose of Activity: (In the space provided below, describe in one sentence the purpose of this activity. This section must be completed.)

Number of council members participating in project: _____

Percentage of council members participating in project: _____

Number of man hours expended in project: _____

Chairman's Name: _____ Telephone Number: () _____

Mailing Address: _____

(continued on next page)

SUBMIT ORIGINAL TO: State Deputy, State Program Director

SEND COPY TO: Council File

STSP 1/2001

THIS FORM MAY ONLY BE COMPLETED, PRINTED OUT AND SUBMITTED THROUGH MAIL

Describe project in detail. Use additional paper if necessary. Supplementary material may be submitted along with the nomination. Accompanying materials can include letters, testimonials, news clippings, photographs, pamphlets, etc. Do not submit tapes, video-cassettes, display materials, films, etc., as they will not be considered in judging the nomination.

ATTEST: _____ Signed: _____
(State Deputy) (Grand Knight)

**ENTRY MUST BE RECEIVED BY THE STATE COUNCIL
TO BE ELIGIBLE FOR THE COMPETITION**

SUBMIT ORIGINAL TO: State Deputy, State Program Director
SEND COPY TO: Council File

STSP 1/2001

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