

# STATE COUNCIL SERVICE PROGRAM AWARDS

ENTRY FORM

## **GRAND KNIGHT:**

TELEPHONE NUMBER:

E-MAIL

COUNCIL NAME

COUNCIL NUMBER:

LOCATION (City):

### CHAIRMAN'S NAME:

TELEPHONE NUMBER:

MAILING ADDRESS:

E-MAIL:



# **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 COMMUNITY COUNCIL FAMILY
CULTURE OF LIFE
YOUTH

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:	

EMAIL ORIGINAL TO: programs@kofc-ms.org

COPY TO: Council File Available in electronic format at <u>www.kofc-ms.org</u>

STSP-MS 0116

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, videocassettes, DVDs, display materials, films, etc., as they will not be considered in judging the nomination.

DO NOT SUBMIT THIS REPORT FORM TO SUPREME COUNCIL

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

For more information on the Service Program Awards go to www.kofc.org/service and click on the lefthand "Council" link.

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