

### 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 ☐ COMMUNITY ☐ COUNCIL	☐ FAMILY ☐ PRO-LIFE ☐ YOUTH			
FROM: GRAND KNIGHT:		TELEPHONE NUMBER:			
E-MAIL					
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 1	participating in projec	t:			
Percentage of council members participating in project:					
Number of man hours expended in project:					
1	1 /				
Chairman's Name:		Telephone Number:			
Mailing Address:					
(continued on reverse)					

MAIL ORIGINAL TO: State Deputy or State Program Director

**COPY TO: Council File** 

Available in electronic format at www.kofc.org

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submitted alon news clipping	ng with the nomination. A s, photographs, pamphlo	ccompanying materials o	upplementary material may be can include letters, testimonials pes, videocassettes, DVD'S, dis cing the nomination.
<b>F</b> ,	,,, <u>,</u>		
ATTEST:		Signed:	

#### 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 left-hand "Council" link.

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