



**KNIGHTS  
OF COLUMBUS**

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:



**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	<input type="checkbox"/> FAMILY
	COMMUNITY	<input type="checkbox"/> CULTURE OF LIFE
	COUNCIL	<input type="checkbox"/> 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.)

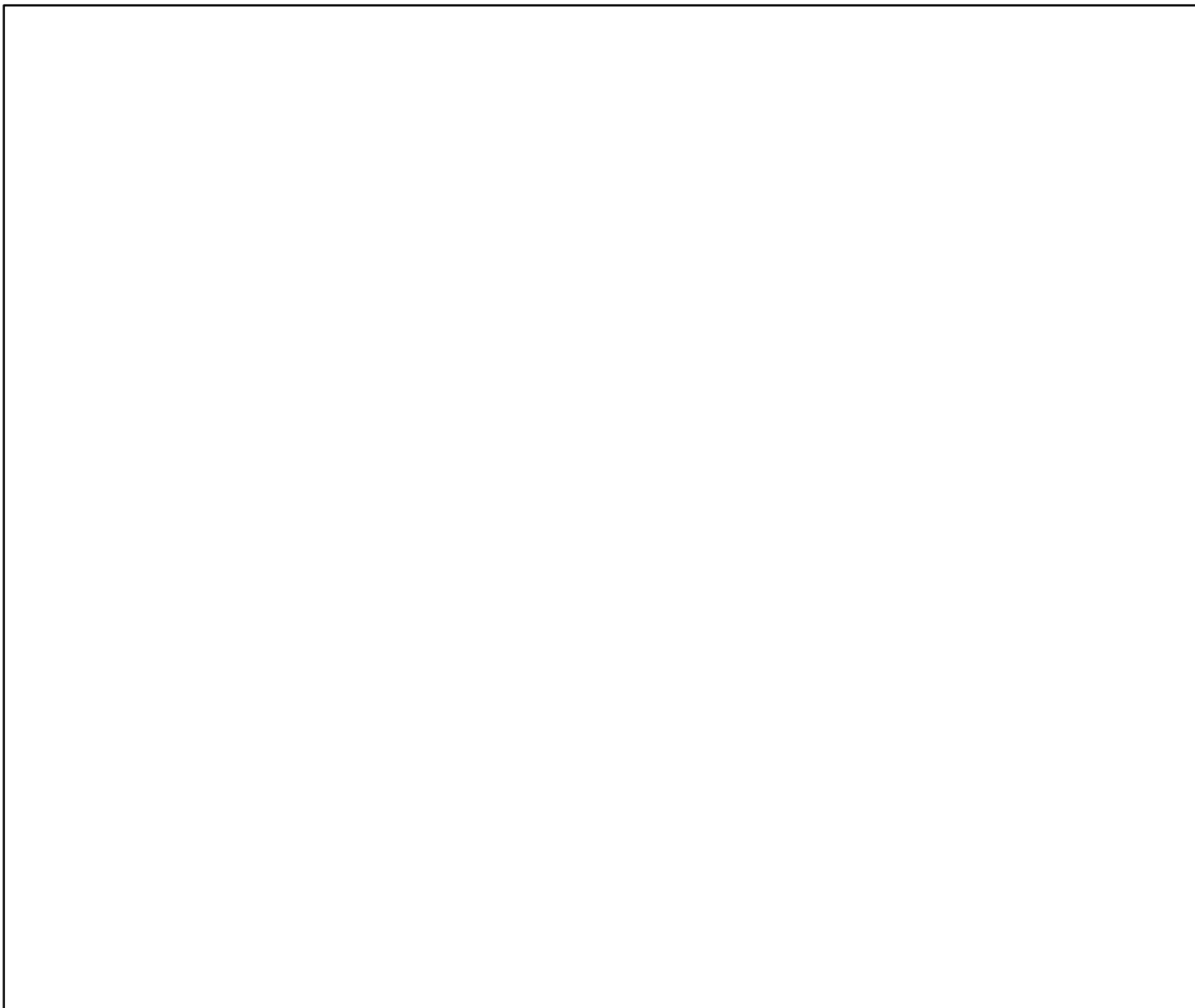
Number of council members participating in project: .....	_____
Percentage of council members participating in project: .....	_____ <b>%</b>
Number of man hours expended in project: .....	_____

EMAIL ORIGINAL TO: [programs@kofc-ms.org](mailto:programs@kofc-ms.org)

COPY TO: Council File

Available in electronic format at [www.kofc-ms.org](http://www.kofc-ms.org)

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.

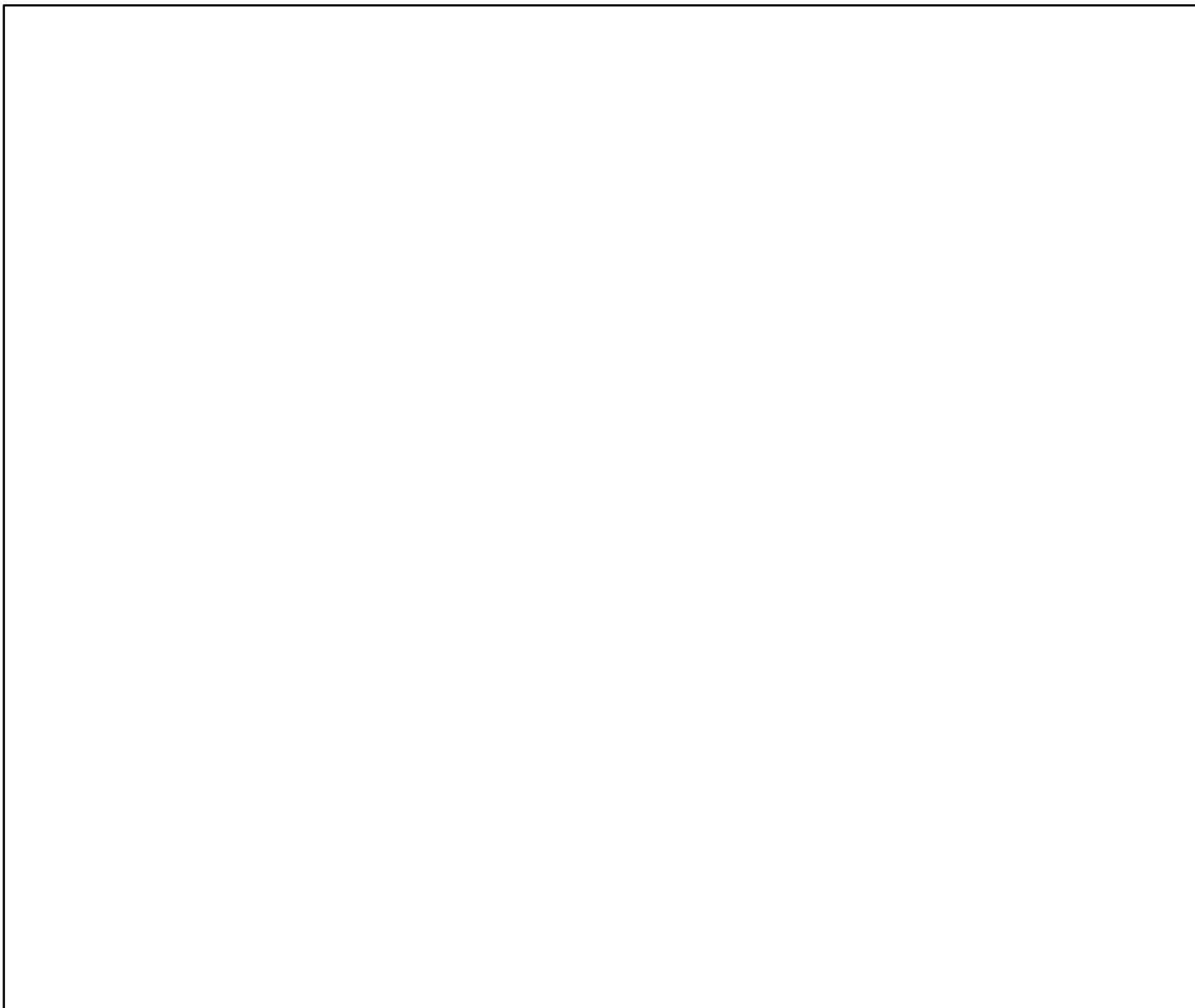


**DO NOT SUBMIT THIS REPORT FORM TO SUPREME COUNCIL**

**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](http://www.kofc.org/service) and click on the left-hand "Council" link.

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Box 1

Box 2

Every Day is a new beginning  
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