



DUE BY: JUNE 30

BROTHER BARNABAS AWARD APPLICATION

The Brother Barnabas Award recognizes the 25 best activities conducted by local circles throughout the United States, Canada, Mexico, the Philippines, Puerto Rico, the Bahamas, the Virgin Islands and Guam. Circles may submit more than one application for award consideration per year. This form may be reproduced or additional forms may be obtained from the Supreme Council Department of Fraternal Services. Only one entry per form!

To qualify for competition, completed entries must be received at the Supreme Council office by June 30. Complete and mail to: (Columbian Squires, Knights of Columbus Department of Fraternal Services, 1 Columbus Plaza, New Haven, CT 06510-3326.)

CHIEF SQUIRE _____ DATE: _____

CIRCLE NAME: _____ TELEPHONE NUMBER: _____

CIRCLE NUMBER: _____ COUNCIL NUMBER: _____

LOCATION: _____
(Town or City) (State or Province)

The information which follows describes a single activity conducted by our circle and serves as our entry in the Supreme Council's "Brother Barnabas Award Contest."

Project Title: _____

Date Project Conducted: _____

Purpose of Activity: _____

Number of circle members participating in project: _____

Total number of people participating in project: _____

Percentage of circle members participating in project: _____ %

Number of man hours expended in project: _____

Funds raised: \$ _____ Funds donated to: _____

Chairman's Name: _____ Telephone Number: _____

Mailing Address: _____

Describe project in detail - use additional paper, if necessary (Photographs, news clippings, scrapbook, etc. may be included with this reporting form.)

See the Columbian Squires Circle Operations Manual and Executive Leadership Guide (#498) for Brother Barnabas Award judging criteria. Note: If a circle program has been recognized as a Brother Barnabas award winning activity in the past, it should not be submitted again, since a similar program conducted by the same circle is eligible for a Brother Barnabas Award only once.

"I herby certify and affirm that the information provided herein is true and accurate, to the best of my information and belief."

Chief Squire: _____ Chief Counsellor: _____
Name Membership No. Name Membership No.