

STATE COUNCIL SERVICE PROGRAM AWARD WINNERS

DATE: _____

STATE DEPUTY: _____
(Signature)

JURISDICTION: _____

In connection with the Service Program Awards Contest sponsored by the Supreme Council office, the following state council winners have been named in my jurisdiction:

FAITH ACTIVITY:



Council Number: _____

Grand Knight to be recognized: _____ Email: _____

Project Name: _____

FAMILY ACTIVITY:



Council Number: _____

Grand Knight to be recognized: _____ Email: _____

Project Name: _____

COMMUNITY ACTIVITY:



Council Number: _____

Grand Knight to be recognized: _____ Email: _____

Project Name: _____

LIFE ACTIVITY:



Council Number: _____

Grand Knight to be recognized: _____ Email: _____

Project Name: _____

This reporting form must be completed by the state deputy and forwarded to the Supreme Council office immediately following the state convention. Individual award entries must be forwarded to the Supreme Council office by June 1.

Knights of Columbus
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