

# State Council 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):  Faith  Family  Community  Life



### COUNCIL INFORMATION:

1 Council Number: \_\_\_\_\_ Total Council Members: \_\_\_\_\_  
Grand Knight: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### PROGRAM INFORMATION (complete all sections):

2 Program Title: \_\_\_\_\_ Program Date: \_\_\_\_\_

Participation:  $\frac{\text{Members}}{\text{Members}} + \frac{\text{Non Members}}{\text{Non Members}} = \frac{\text{Total Participants}}{\text{Total Participants}}$   $\frac{\text{Total Participants}}{\text{Total Participants}} \times \frac{\text{Hours}}{\text{Hours}} = \frac{\text{Total Volunteer Hours}}{\text{Total Volunteer Hours}}$

Program Planning:  $\frac{\text{Costs}}{\text{Costs}}$  &  $\frac{\text{Time}}{\text{Time}}$  Members Recruited: \_\_\_\_\_ Donations:  $\frac{\text{Local Currency}}{\text{Local Currency}}$

3 Describe program 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, DVD's, display materials, films, etc., as they will not be considered in judging the nomination.

3a) In the space provided below, briefly describe the purpose and goals of this program. This section must be completed.

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

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

**SUBMIT ORIGINAL BY APRIL 1 to:** State Activity Chair for Each Category (Faith, Family, Community or Culture of Life)  
**SEND COPY to:** State Deputy or State Service Program Director (No Supporting material)  
**COPY TO:** Council File

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



(continued on reverse)

3b) Whom does this program benefit?

3c) What problem or need did this program resolve?

3d) Why did the council select this program?

3e) Describe the success of the program:

Attest: \_\_\_\_\_ Signed: \_\_\_\_\_ Date \_\_\_\_\_  
State Deputy Grand Knight