KNIGHTS OF COLUMBUS

IOWA
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**
- ☐ **FAMILY**
- ☐ **COMMUNITY**
- ■ **YOUTH**
- ☐ **COUNCIL**

FROM: GRAND KNIGHT: _____ **TELEPHONE NUMBER:** _____

COUNCIL NAME: _____ **NUMBER:** _____

LOCATION: _____
(TOWN OR CITY) (STATE OR PROVINCE)

Project Title: _____

Date Project Completed: _____

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: …… _____

Number of man hours expended on project: …….. _____

Chairman's Name: _____ **Telephone Number** _____

Mailing Address _____

(continued on reverse)

Deadline: March 15th

Mail form to State Program Director

Terry R. Herrman
2819 Arbor Street
Ames, IA 50014-7401

Describe project in detail. Use additional paper if necessary. Supplementary material may be submitted along with the nomination. Accompanying materials may include letters, testimonials, news clippings, photographs, pamphlets, etc… Do not submit tapes, video-cassettes, display material, films, etc…, as they will not be considered in judging the nomination.

ATTEST: _____ **Signed:** _____

(State Deputy) (Grand Knight)

DO NOT SUBMIT THIS REPORT FORM TO THE SUPREME COUNCIL

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

Deadline: March 15th

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