



KNIGHTS OF COLUMBUS

IOWA
STATE COUNCIL
GRAND KNIGHT OF THE YEAR
NOMINATION



THIS REPORTING FORM MUST BE COMPLETED BY EACH COUNCIL AND FORWARDED TO THE STATE COUNCIL.

The members of council # _____ In the city of _____ wish to nominate our Grand Knight (Name) _____ for the prestigious Honor of being named the Iowa Grand Knight of the Year.

His address is _____

City: _____ State _____ Zip Code _____

Area Code and Telephone _____

Number of Years as a Grand Knight (please circle one) 1yr 2yr 3yr 4yr

Please circle Yes or No to the following questions:

Did the council meet or exceed its membership quota?	Yes	No
Did he attend District Meetings?	Yes	No
Participate in recruiting new members	Yes	No
Participate in Church Activities	Yes	No
Participate in Community Activities	Yes	No
Participate in Council Activities	Yes	No
Participate in Persons with Intellectual Disabilities Drive	Yes	No
Help with Council Audit	Yes	No
Send in the appropriate forms on time	Yes	No
Did council hold a Memorial Mass in November	Yes	No
Did he recognize the Honorary and Honorary Life Members	Yes	No
Does the council have a First Degree Staff	Yes	No
Does he plan to attend the State Convention	Yes	No

List awards council received during his term as Grand Knight

List any specific awards your Grand Knight has received

DO NOT SUBMIT THIS REPORT FORM TO THE SUPREME COUNCIL

Deadline: February 15th

Please use back side of this form if you need more room for comments.

Mail form to State Program Director

John L. Beckman
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Council Bluffs, IA 51503-5818

