

# Columbian Award Program Reporting Guidelines

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## The following criteria must be met for programs to count towards Columbian Award program credits:

- Programs must be *organized by the council or involve significant participation by council members* to qualify. Program descriptions should reference how they meet these criteria.
- Programs must engage members by enhancing faith and spirituality, serving a charitable purpose, or a combination of the two. Program descriptions should reference how they meet these criteria.
- Councils must earn at least four (4) program credits in each of the Faith in Action categories: Faith, Family, Community, and Life. Refer to the [Faith in Action Guidebook](#) or visit [kofc.org/faithinaction](http://kofc.org/faithinaction) for more information on programs.
- Two program credits can be earned for programs meeting [Featured Program Minimum Requirements](#). All non-featured programs and programs not meeting minimum requirements earn 1 program credit.
- Donations alone do not qualify unless they result from the council's fundraising activities or are for a Faith in Action program activity (i.e., Ultrasound Initiative, Global Wheelchair Mission, etc.). If a donation is made for a non-Faith in Action program or no fundraising activities were carried out by the council, the council must also report non-monetary support to qualify.
- Participating or volunteering for standard liturgical functions generally does not qualify for program credit. Examples of non-qualifying activities include attending or serving at Mass or funerals, ushering, or participating as a “Eucharistic Minister”, lector, choir member, etc.
- Programs taking place during *Cor*, such as Holy Hour, the Rosary Program, Men of the Word Bible Study, *Into the Breach*, etc., qualify for credit. However, *Cor* itself does not qualify for program credit.
- Refer to the sample [Sample Columbian Award Application](#) for an example of an acceptable form.

*Fraternal Mission staff reserves the right to determine whether programs qualify for program credit based on these criteria.*



# Columbian Award Application

Due by June 30th

Review the Columbian Award Program Reporting Guidelines on page 1 before completing this form.

Council Number: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ 20 \_\_\_\_ - 20 \_\_\_\_

**FAITH PROGRAMS: RSVP, Into the Breach, Spiritual Reflection, Holy Hour, ¡Viva Cristo Rey!, Imitating St. Juan Diego, Pilgrim Icon Program, Building the Domestic Church Kiosk, Rosary Program, Sacramental Gifts**

1. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met?  YES  NO

Program Description: \_\_\_\_\_

2. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met?  YES  NO

Program Description: \_\_\_\_\_

3. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met?  YES  NO

Program Description: \_\_\_\_\_

4. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met?  YES  NO

Program Description: \_\_\_\_\_

**FAMILY PROGRAMS: Food for Families, Family of the Month/Year, Family Fully Alive, Family Prayer Night, Quinceañera Support, Remembering Our Faithful Departed, Keep Christ in Christmas, Family Week, Consecration to the Holy Family, Good Friday Family Promotion**

1. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met?  YES  NO

Program Description: \_\_\_\_\_

2. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met?  YES  NO

Program Description: \_\_\_\_\_

3. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met?  YES  NO

Program Description: \_\_\_\_\_

4. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met?  YES  NO

Program Description: \_\_\_\_\_

**COMMUNITY PROGRAMS: Coats for Kids, Global Wheelchair Mission, Habitat for Humanity, Celebrating Our Catholic Heritage, Bright Futures, Disaster Preparedness, Free Throw Championship, Catholic Citizenship Essay Contest, Soccer Challenge, Hockey Challenge, Helping Hands**

1. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met?  YES  NO

Program Description: \_\_\_\_\_  
\_\_\_\_\_

2. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met?  YES  NO

Program Description: \_\_\_\_\_  
\_\_\_\_\_

3. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met?  YES  NO

Program Description: \_\_\_\_\_  
\_\_\_\_\_

4. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met?  YES  NO

Program Description: \_\_\_\_\_  
\_\_\_\_\_

**LIFE PROGRAMS: Pregnancy Center Support / ASAP, March for Life, Special Olympics, Ultrasound Program, Gospel of Life, Holy Hour for Life with Our Lady of Guadalupe, Christian Refugee Relief, Silver Rose, Mass for People with Special Needs, Novena for Life**

1. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met?  YES  NO

Program Description: \_\_\_\_\_  
\_\_\_\_\_

2. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met?  YES  NO

Program Description: \_\_\_\_\_  
\_\_\_\_\_

3. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met?  YES  NO

Program Description: \_\_\_\_\_  
\_\_\_\_\_

4. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met?  YES  NO

Program Description: \_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_  
Name Member Number Date

This form must be submitted by the Grand Knight, Financial Secretary or Program Director.

SUBMIT ELECTRONICALLY TO: [fraternalmission@kofc.org](mailto:fraternalmission@kofc.org) • SEND COPIES TO: State Deputy, District Deputy, Council File