

State Council Program Award Winners

DATE: _____

STATE DEPUTY: _____ JURISDICTION: _____
(Signature)

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

FAITH PROGRAM:



Council Number: _____

Grand Knight to be recognized: _____ Email: _____

Project Name: _____

FAMILY PROGRAM:



Council Number: _____

Grand Knight to be recognized: _____ Email: _____

Project Name: _____

COMMUNITY PROGRAM:



Council Number: _____

Grand Knight to be recognized: _____ Email: _____

Project Name: _____

LIFE PROGRAM:



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 April 30.

Knights of Columbus
Fraternal Mission Department
1 Columbus Plaza
New Haven, CT 06510-3326
fraternalmission@kofc.org

