

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 ☐ COMMUNITY ☐ COUNCIL	☐ FAMILY ☐ PRO-LIFE ☐ YOUTH			
FROM: GRAND KNIGHT:		TELEPHONE NUMBER:			
E-MAIL					
COUNCIL NAME		NUMBER:			
LOCATION:					
	(TOWN OR CITY)	(STATE OR PROVINCE)			
Project Title:					
Date Project Conducted:					
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 1	participating in projec	t:			
Percentage of council members participating in project:					
Number of man hours expended in project:					
1	1 /				
Chairman's Name:		Telephone Number:			
Mailing Address:					
(continued on reverse)					

MAIL ORIGINAL TO: State Deputy or State Program Director

COPY TO: Council File

Available in electronic format at www.kofc.org

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submitted alon news clipping	ng with the nomination. A s, photographs, pamphlo	ccompanying materials o	upplementary material may be can include letters, testimonials pes, videocassettes, DVD'S, dis cing the nomination.
F ,	,,, <u>,</u>		
ATTEST:		Signed:	

DO NOT SUBMIT THIS REPORT FORM TO SUPREME COUNCIL

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

For more information on the Service Program Awards go to www.kofc.org/service and click on the left-hand "Council" link.

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