OF COLUMBUS	STATE COUN	CIL 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):		
		YOUTH
FROM: GRAND KNIGHT:		TELEPHONE NUMBER:
E-MAIL		
COUNCIL NAME		NUMBER:
LOCATION:	(Town or City)	(STATE OR PROVINCE)
	(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 participating in project:		
Percentage of council members participating in project:		
Number of man hours expended in project:		
Ĩ	1)	
Chairman's Name:		Telephone Number:
Mailing Address:		
E-mail Address:		
(continued on reverse)		
MAIL ORIGINAL TO: State Deputy or State	Program Director	
COPY TO: Council File Available in electronic format at www.kofc.o	rq	
STSP 11/11	-	

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

ATTEST:

(State Deputy)

Signed:

(Grand Knight)

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.