## FAMILY OF THE YEAR ENTRY FORM

Date:

	into jurisdiction competition, complete this form and forward it to the state deputy.
	sufficient. Photographs, news clippings, letters of commendation or other special exhibits their own deadlines for state/provincial competitions, so watch for deadline dates or
may be included. Note: Individual jurisdictions set contact the state deputy.	their own deadlines for state/provincial competitions, so watch for deadline dates of
• •	
· · · · · · · · · · · · · · · · · · ·	cion Family of the Year. Submit that entry form, with the state deputy's signature and all ent of Fraternal Mission by <b>June 1</b> for consideration in the International Family of the Year
A. Personal Data	
Member's Name:	/sftt. Nt\
Wife's Name:	(Membership Number)
Children/Ages:	Children/Ages:
Home Address:	
Home Telephone:	Business Telephone:
Parish:	Pastor:
Address:	Telephone:
B. Knights of Columbus Data	
Family nominated by Council(Number)	in
	(Location)
	per of the Knights of Columbus?
Positions (offices / program directorships / chairmansl	hips/committee assignments) held:



Council/Jurisdiction: \_

 $continued\ on\ back$ 

Explain the entire family's involvement within the Knights of Columbus:					
C. Family Involvement					
Explain the entire family's involvement within the Church:					
Explain the entire family's involvement within the community:					
Explain why this family was chosen as the model family in your jurisdiction. Why does this family deserve the distinction of being nar Knights of Columbus Family of the Year?					
For Jurisdiction Use Only:					
This family has been chosen Jurisdiction Family of the Year.					
Attest:					
(State Deputy)					

**F**AMILY

Email a copy of this document to: fraternalmission@kofc.org (Councils should also retain a copy of this completed form for their files)

FAITH IN ACTION

## 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): 

FAITH

















## **COUNCIL INFORMATION:**

1	COUNCIL NUMBER: TOTAL COUNCIL MEMBERS:				
	GRAND KNIGHT: E-MAIL:				
	PROJECT INFORMATION (complete all sections):				
2	PROJECT TITLE: PROJECT DATE:				
	Participation:     +     =     x     =       Members     Non Members     Total Participants     Total Participants     Hours     Total Volunteer Hours				
	Program Planning: & Members Recruited: Donations: Local Currency				
3	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.				
3a) In the space provided below, briefly describe the purpose and goals of this program. This section must be completed.					

DO NOT SUBMIT THIS REPORT FORM TO SUPREME COUNCIL

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

MAIL ORIGINAL TO: State Deputy or State Program Director **COPY TO:** Council File

Available in electronic format at www.kofc.org



(continued on reverse)

3b) Whom does this project benefit?						
3c) What problem or need did this project resolve?						
3d) Why did the council select this project?						
3e) Describe the success of the project:						
Attest:	Signed:					
State Deputy	Grand Knight	Date				

STSP 11/18 Page 2 of 2