

Columbian Award Application

Due by June 30th

Council Number: _____ Jurisdiction: _____ 20 ____ - 20 ____

FAITH PROGRAMS: RSVP, Into the Breach, Spiritual Reflection, Holy Hour, Pilgrim Icon Program, Building the Domestic Church Kiosk, Rosary Program, Sacramental Gifts

1. Program Name: _____

Featured Program? YES NO
(Selecting yes indicates you have fulfilled all featured program minimum requirements.)

Program Description: _____

2. Program Name: _____

Featured Program? YES NO
(Selecting yes indicates you have fulfilled all featured program minimum requirements.)

Program Description: _____

3. Program Name: _____

Featured Program? YES NO
(Selecting yes indicates you have fulfilled all featured program minimum requirements.)

Program Description: _____

4. Program Name: _____

Featured Program? YES NO
(Selecting yes indicates you have fulfilled all featured program minimum requirements.)

Program Description: _____

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

1. Program Name: _____

Featured Program? YES NO
(Selecting yes indicates you have fulfilled all featured program minimum requirements.)

Program Description: _____

2. Program Name: _____

Featured Program? YES NO
(Selecting yes indicates you have fulfilled all featured program minimum requirements.)

Program Description: _____

3. Program Name: _____

Featured Program? YES NO
(Selecting yes indicates you have fulfilled all featured program minimum requirements.)

Program Description: _____

4. Program Name: _____

Featured Program? YES NO
(Selecting yes indicates you have fulfilled all featured program minimum requirements.)

Program Description: _____



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

1. Program Name: _____

Featured Program? YES NO
(Selecting yes indicates you have fulfilled all featured program minimum requirements.)

Program Description: _____

2. Program Name: _____

Featured Program? YES NO
(Selecting yes indicates you have fulfilled all featured program minimum requirements.)

Program Description: _____

3. Program Name: _____

Featured Program? YES NO
(Selecting yes indicates you have fulfilled all featured program minimum requirements.)

Program Description: _____

4. Program Name: _____

Featured Program? YES NO
(Selecting yes indicates you have fulfilled all featured program minimum requirements.)

Program Description: _____

LIFE PROGRAMS: Pregnancy Center Support, March for Life, Special Olympics, Ultrasound Program, ASAP, Christian Refugee Relief, Silver Rose, Mass for People with Special Needs, Novena for Life

1. Program Name: _____

Featured Program? YES NO
(Selecting yes indicates you have fulfilled all featured program minimum requirements.)

Program Description: _____

2. Program Name: _____

Featured Program? YES NO
(Selecting yes indicates you have fulfilled all featured program minimum requirements.)

Program Description: _____

3. Program Name: _____

Featured Program? YES NO
(Selecting yes indicates you have fulfilled all featured program minimum requirements.)

Program Description: _____

4. Program Name: _____

Featured Program? YES NO
(Selecting yes indicates you have fulfilled all featured program minimum requirements.)

Program Description: _____

Signed: _____ Signed: _____ Date _____
Grand Knight Program Director

SUBMIT ELECTRONICALLY TO: fraternalmission@kofc.org • SEND COPIES TO: State Deputy, District Deputy, Council File