

# COLUMBIAN AWARD APPLICATION

Due by June 30th

Council Number: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ 20\_\_ - 20\_\_

**FAITH PROGRAMS:** (RSVP, Into the Breach, Marian Icon Prayer Program, Building the Domestic Church Kiosk, Rosary Program, Holy Hour, Sacramental Gifts, *Spiritual Reflection Program is the required program*)

1. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO  $\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \text{Total Hours}$

Program Description: \_\_\_\_\_ Donations: \_\_\_\_\_

2. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO  $\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \text{Total Hours}$

Program Description: \_\_\_\_\_ Donations: \_\_\_\_\_

3. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO  $\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \text{Total Hours}$

Program Description: \_\_\_\_\_ Donations: \_\_\_\_\_

4. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO  $\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \text{Total Hours}$

Program Description: \_\_\_\_\_ Donations: \_\_\_\_\_

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

1. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO  $\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \text{Total Hours}$

Program Description: \_\_\_\_\_ Donations: \_\_\_\_\_

2. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO  $\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \text{Total Hours}$

Program Description: \_\_\_\_\_ Donations: \_\_\_\_\_

3. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO  $\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \text{Total Hours}$

Program Description: \_\_\_\_\_ Donations: \_\_\_\_\_

4. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO  $\frac{\text{Participants}}{\text{Hours}} \times \text{Hours} = \text{Total Hours}$

Program Description: \_\_\_\_\_ Donations: \_\_\_\_\_



**COMMUNITY PROGRAMS:** (Coats for Kids, Global Wheelchair Mission, Habitat for Humanity, Disaster Preparedness, Free Throw Championship, Catholic Citizenship Essay Contest, Soccer Challenge, *Helping Hands is the required program*)

1. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 Participants Hours Total Hours  
 Donations: \_\_\_\_\_  
 Program Description: \_\_\_\_\_

2. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 Participants Hours Total Hours  
 Donations: \_\_\_\_\_  
 Program Description: \_\_\_\_\_

3. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 Participants Hours Total Hours  
 Donations: \_\_\_\_\_  
 Program Description: \_\_\_\_\_

4. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 Participants Hours Total Hours  
 Donations: \_\_\_\_\_  
 Program Description: \_\_\_\_\_

**LIFE PROGRAMS:** (Marches for Life, Special Olympics, Ultrasound Program, Christian Refugee Relief, Silver Rose, Mass for People with Special Needs, Pregnancy Center Support, *Novena for Life is the required program*)

1. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 Participants Hours Total Hours  
 Donations: \_\_\_\_\_  
 Program Description: \_\_\_\_\_

2. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 Participants Hours Total Hours  
 Donations: \_\_\_\_\_  
 Program Description: \_\_\_\_\_

3. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 Participants Hours Total Hours  
 Donations: \_\_\_\_\_  
 Program Description: \_\_\_\_\_

4. Program Name: \_\_\_\_\_ Recruitment Opportunity?  YES  NO \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 Participants Hours Total Hours  
 Donations: \_\_\_\_\_  
 Program Description: \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_ Date \_\_\_\_\_  
 Grand Knight Program Director

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