	STATE COUN	CIL SERVICE PROGRAM AWARDS	
OF COLUMBUS IN SERVICE TO ONE. IN SERVICE TO ALL.	ENTRY FORM		
		UNCIL AND FORWARDED TO THE STATE COUNCIL. ETED FOR EACH PROGRAM CATEGORY.)	
CATEGORY (MARK ONE):			
FROM: GRAND KNIGHT:		TELEPHONE NUMBER:	
E-MAIL			
COUNCIL NAME		NUMBER:	
LOCATION:	(Town or City)	(STATE OR PROVINCE)	
	(TOWN OR CITY)	(STATE OF PROVINCE)	
Project Title:			
Date Project Conducted:			
		ct:	
Percentage of council mem	bers participating in pro		
Percentage of council mem	bers participating in pro	oject:	
Percentage of council mem Number of man hours expe Chairman's Name:	bers participating in pro	oject:	
Percentage of council mem Number of man hours expe Chairman's Name: Mailing Address:	bers participating in pro	oject:	
Percentage of council mem Number of man hours expe Chairman's Name: Mailing Address:	bers participating in pro	oject:	
Percentage of council mem Number of man hours expe Chairman's Name: Mailing Address:	bers participating in pro ended in project: (continued on rever	oject:	

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, dis-
play 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.			

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