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: Leave No Neighbor Behind, 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, 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: _____ _____
                  Grand Knight   Program Director   Date

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