



CALIFORNIA STATE COUNCIL

SERVICE PROGRAM AWARDS ENTRY FORM

(A Separate form should be completed for each event/activity)

SERVICE CATEGORY (MARK ONE ONLY)

Faith [] Family [] Community [] Culture of Life []

Grand Knight: _____ Telephone No: _____

Email: _____ Council Location (City): _____ State: CA

Council Name: _____ Council#: _____ District#: _____ Division#: _____

PROJECT TITLE:

Date Conducted:

PURPOSE OF ACTIVITY:

No. of Council Members participating: _____ Percentage of Council Members participating: _____

No. of others participating in Project: _____ Total Hours expended: _____ Attendance: _____

Number of Form 100's or Interest cards collected: _____

Council Chairman's Name: _____ Telephone: _____

Address: _____ Email: _____

Project Description: Describe the 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 nominations.

DESCRIBE THE PROJECT IN DETAIL:

Grand Knights Signature: _____

State Deputy Signature (Not needed for State Awards Submission): _____

SUBMIT ORIGINAL BY APRIL 1 TO: State Activity Chair for Each Category (Faith, Family, Community or Culture of Life)

SEND COPY TO: State Service Program Director (No Supporting material to Director)