

# 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](mailto:fraternalmission@kofc.org) • SEND COPIES TO: State Deputy, District Deputy, Council File