



**Due By JUNE 30**

Council Number: \_\_\_\_\_ Location: \_\_\_\_\_, \_\_\_\_\_  
(City) (State or Province)

**In order to qualify for the Columbian Award, your council must:**

1. Annually conduct and report at least **four (4) major involvement** programs in each of the sections below. **Additionally, a minimum of four (4) of these programs must be designated as Domestic Church activities.** Domestic Church activities can be attributed to any category and there can be multiple Domestic Church activities conducted in a single category. Please visit [kofc.org/domesticchurch](http://kofc.org/domesticchurch) for a list of qualifying programs.
2. Submit the *Annual Survey of Fraternal Activity* (#1728). **New councils instituted after November 1 of the current fraternal year do not need to meet this requirement.** The most efficient way of submission is electronically. Please visit [kofc.org/forms](http://kofc.org/forms).
3. Submit the *Service Program Personnel Report* (#365). The most efficient way for submission is by using the Member Management Application.

If your council conducts a featured program in any category, ensure that the program's minimum requirements are met in order to receive credit for all four activities in that category. The minimum requirements for each featured program are located in the *Surge with Service* (#962) manual.

The council's program director should complete this application with the grand knight. Typing the name and membership number below constitutes a signature.

Signed: \_\_\_\_\_  
Program Director Membership No.

Attest: \_\_\_\_\_  
Grand Knight Membership No.

Date: \_\_\_\_\_  
(mm/dd/yyyy)

**CHURCH ACTIVITIES** (vocations, parish roundtable, parish services, Keep Christ in Christmas, etc.)

\* Participating in the RSVP program and meeting minimum participation requirements will fulfill all four activity requirements in this category.

Check if Domestic Church Activity

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**SUBMIT ELECTRONICALLY TO:** [fraternalmission@kofc.org](mailto:fraternalmission@kofc.org)

**OR**

**SUBMIT BY MAIL TO:** Knights of Columbus Supreme Council  
Fraternal Mission Department  
1 Columbus Plaza  
New Haven, CT 06510-3326

**SEND COPIES TO:** State Deputy, District Deputy, Council File.

**COMMUNITY ACTIVITIES** (feed the hungry, decency, health services, ecology, poverty, helping the aged, etc.)

\* Participating with Habitat for Humanity or Global Wheelchair Mission and meeting the minimum participation requirements will fulfill all four activity requirements in this category.

Check if Domestic Church Activity

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**COUNCIL ACTIVITIES** (public relations, fraternal recognition, blood donors, athletics, socials, etc.)

\* Participating with Special Olympics and meeting minimum participation requirements will fulfill all four activity requirements in this category.

Check if Domestic Church Activity

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**CULTURE OF LIFE ACTIVITIES** (Ultrasound Initiative, March for Life, Pregnancy Care Center, baby showers, baby bottle campaign, memorials, etc.)

\* Participating in a local, regional or national March for Life or with the Ultrasound Initiative and meeting the minimum participation requirements will fulfill all four activity requirements in this category.

Check if Domestic Church Activity

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**FAMILY ACTIVITIES** (widows/orphans, memorials, "Family of the Month/Year," recreation, etc.)

\* Sponsoring a qualifying Food for Families program and meeting minimum participation requirements, will fulfill all four activity requirements in this category.

Check if Domestic Church Activity

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**YOUTH ACTIVITIES** (youth ministry, scholarships, Catholic Scouting, etc.)

\* Participation in the Coats for Kids program or sponsoring a Columbian Squires Circle and meeting minimum participation requirements will fulfill all four activity requirements in this category.

Check if Domestic Church Activity

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Our council sponsors Columbian Squires Circle No. \_\_\_\_\_ .



**Council #** \_\_\_\_\_

DATE OF ELECTION \_\_\_\_\_

THIS REPORT CAN BE COMPLETED USING MEMBER MANAGEMENT.  
OTHERWISE PLEASE PRINT – INDICATE MEMBERSHIP NUMBERS

**Due By:  
JUNE 30**

**COUNCIL ADDRESS** (Meeting Location)

STREET			ADDITIONAL ADDRESS		
CITY		ST/PROV.	ZIP/POSTAL CODE		

<b>GRAND KNIGHT</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE

ADDRESS CHANGE

<input type="checkbox"/> NEWLY ELECTED	<input type="checkbox"/> RE-ELECTED	TELEPHONE AREA CODE	PHONE NO.	EMAIL:
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<b>DEPUTY GRAND KNIGHT</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

ADDRESS CHANGE

<b>CHANCELLOR</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

ADDRESS CHANGE

<b>RECORDER</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

ADDRESS CHANGE

<b>TREASURER</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

ADDRESS CHANGE

<b>ADVOCATE</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

ADDRESS CHANGE

<b>WARDEN</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

ADDRESS CHANGE

<b>INSIDE GUARD</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

ADDRESS CHANGE

<b>OUTSIDE GUARD</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

ADDRESS CHANGE

<b>TRUSTEE FOR ONE YEAR</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

ADDRESS CHANGE

<b>TRUSTEE FOR TWO YEARS</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

ADDRESS CHANGE

<b>TRUSTEE FOR THREE YEARS</b>	MEMBERSHIP NO.	LAST NAME	FIRST NAME	INITIAL	EMAIL
STREET		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	


ADDRESS CHANGE

COUNCIL MEETS \_\_\_\_\_

SIGNED F.S. \_\_\_\_\_

- THIS INFORMATION IS ESSENTIAL FOR TRANSACTION OF OFFICIAL BUSINESS AND DIRECT MAIL COMMUNICATIONS WITH OFFICERS.
- APPOINTMENT OF FINANCIAL SECRETARY. (SECTION 128, LAWS AND RULES).  
THE FINANCIAL SECRETARY SHALL BE APPOINTED BY THE SUPREME KNIGHT. HE SHALL HOLD OFFICE AT THE WILL OF THE SUPREME KNIGHT.

**MAIL ORIGINAL TO: Membership Records MAIL COPIES TO: State Deputy, District Deputy, Council File**



# Maryland State Council Knights of Columbus Credentials

This is to certify that the following are the duly elected delegates to represent \_\_\_\_\_ Council # \_\_\_\_\_, in District # \_\_\_\_\_ at the Maryland State Convention for the year \_\_\_\_\_

Grand Knight \_\_\_\_\_ Address \_\_\_\_\_

Delegate\* \_\_\_\_\_ Address \_\_\_\_\_

\*must be a Past Grand Knight of the council

And the duly elected alternates to represent the Delegates are as follows:

1st Alternate\*\* \_\_\_\_\_ Address \_\_\_\_\_

2nd Alternate\*\* \_\_\_\_\_ Address \_\_\_\_\_

\*\*must be 3rd degree members of the council

COUNCIL  
SEAL

\_\_\_\_\_ Grand Knight

\_\_\_\_\_ Financial Secretary

NOTE: Send one copy to the State Secretary immediately. The remaining copies go to the Grand Knight, the Delegate and the two Alternates.



**Please review these guidelines before completing application form on reverse**

The Knights of Columbus launched the Refund Support Vocations Program (RSVP) in 1981. Under this program, local councils or assemblies make an annual contribution of \$500 or more to an individual seminarian to help with his daily living expenses. Councils and assemblies can sponsor more than one seminarian if their resources permit. In each case, the minimum annual contribution to qualify for reimbursement under RSVP is \$500 per seminarian. For every \$500 donated, the council or assembly is eligible for a refund of \$100 from the Supreme Council. The maximum refund a council or assembly can receive is \$400 per individual supported. For Columbian Squires circles, the annual contribution per seminarian is a minimum of \$100 to qualify for reimbursement, with each circle eligible to receive from the Supreme Council a refund of \$20 for each \$100 contributed.

**The following persons are eligible to receive RSVP funds:**

- Seminarians who have been accepted by a diocese and are currently in their “spirituality” year;
- Seminarians attending major seminaries (usually, four years) in preparation for priestly ordination;
- Seminarians in their “pastoral” year (most often, when they are deacons);
- Seminarians attending college seminaries (sometimes called minor seminaries);
- Seminarians who belong to a religious institute and are currently in formation for the priesthood (religious seminarians often are called “Brother” even though they will eventually be ordained as priests); and
- Men and women who are novices or postulants in religious orders or religious communities.

Those eligible for assistance include foreign seminarians studying in the United States or Canada; U.S. or Canadian seminarians studying overseas; seminarians from your home diocese currently attending seminaries in another diocese, state, or country; and seminarians from other states or dioceses attending a seminary located in your jurisdiction.

**Persons not eligible for RSVP funds are the following:**

- Priests or religious seeking assistance for continuing education;
- Religious brothers not currently studying for the priesthood; and
- Candidates for the permanent diaconate.

**SECTION I AND II MUST BE COMPLETED TO BE ELIGIBLE FOR THE RSVP PLAQUE**

**DIRECTIVES FOR SECTION I: (RSVP) REFUND INFORMATION**

To qualify for the refund, the following conditions must be met:

- a) Money given to each individual must be vocation-related, donated between July 1 and June 30 within the fraternal year applied for and must amount to at least **\$500 per individual**.
- b) The money must have been given to an **individual** and NOT to an institution or fund.
- c) Money must be given to a seminarian, postulant or novice only.
- d) The money must be paid with a check drawn on the council account.
- e) Copies of any cancelled check(s) (both front and back sides) or other documentation **must** be attached to this application. An example of other documentation is a council bank statement, with non-relevant sections blacked out.

**DIRECTIVES FOR SECTION II: (RSVP) MORAL SUPPORT INFORMATION**

Substantial moral support is required. This would include some or all of the following:

- a) correspondence between council and seminarian/postulant
- b) personal visits to seminary or religious residence
- c) invitation of seminarian/postulant to council events
- d) similar signs of interest.



Submit this form as needed throughout the fraternal year. For contributions made early in the fraternal year, there is no need to wait until June 30 to apply for your refund.

<b>For Office Use Only</b>	<b>Important: Please complete this box:</b>
Ref \$ _____	State/Province _____ Council No. _____
Y. St. _____	Location _____ city _____
Date _____	Council Name _____
	Grand Knight _____

**SECTION I AND II MUST BE COMPLETED TO BE ELIGIBLE FOR THE RSVP PLAQUE**

**SECTION I: REFUND INFORMATION**

See directives on the reverse side before completing this section.

List each donation of \$500 or more with name, amount and date of check. **Attach copies of canceled checks (both front and back sides) or other documentation such as a council bank statement to this application.**

SEMINARIAN/POSTULANT	FORMER SQUIRE (Y/N)	ADDRESS	CITY/STATE	ZIP	DATE	CHECK #	AMOUNT	NAME OF SEMINARY/CONVENT

**SECTION II: MORAL SUPPORT INFORMATION**

See directives on the reverse side before completing this section.

Examples of moral support must be provided in order to receive plaque or date plate:

**IMPORTANT:** Be sure to check off **one** of the following:

- We already have a Vocations Plaque and require only an adhesive date plate for 20\_\_-20\_\_.
- This is our first year with RSVP and we require both a Vocations Plaque and an adhesive date plate for 20\_\_-20\_\_.
- Our Vocations Plaque is full and we require a new one.

I AFFIRM THE ABOVE TO BE ACCURATE: \_\_\_\_\_

Grand Knight

Date: \_\_\_\_\_

**MAIL ORIGINAL TO:** Supreme Council, Fraternal Mission Department

**MAIL COPIES TO:** State Vocations Chairman, Council File

Available in electronic format at [kofc.org/forms](http://kofc.org/forms)

(See other side for instructions)



An Annual Report should be submitted for every Parish Round Table sponsored by your council. Make photocopies of this blank form for use in completing each report. Include the numbers in the Annual Survey of Fraternal Activity (#1728).

Date: \_\_\_\_\_

Due By: **JAN. 15**

Parent Council No. \_\_\_\_\_

1. Number of members of the Knights of Columbus in parish: \_\_\_\_\_

2. Number of new members recruited this year: \_\_\_\_\_

3. Knights of Columbus man-hours of service to parish:

a. Maintenance of parish property . . . . . hrs. \_\_\_\_\_

b. Social Justice (aid to elderly, handicapped, St. Vincent de Paul etc.) . . . . . hrs. \_\_\_\_\_

c. C.C.D. program . . . . . hrs. \_\_\_\_\_

d. Parish fund raising . . . . . hrs. \_\_\_\_\_

e. Liturgical participation (lectors, readers, commentators, choir). . . . . hrs. \_\_\_\_\_

f. Youth work (Columbian Squires, Scouting, sports, teen club, CYO) . . . . . hrs. \_\_\_\_\_

g. Others. . . . . hrs. \_\_\_\_\_

Total Man-hours: \_\_\_\_\_

4. Has your grand knight held the recommended annual review with the pastor? . . . . . \_\_\_\_\_

Briefly describe the most meaningful activities conducted by the members of the Knights of Columbus Round Table in your parish during the year.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remarks/General Observations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spanish speaking Round Table.

Coordinator \_\_\_\_\_  
name membership number

Name: \_\_\_\_\_  
Pastor

# Round Table Coordinator for next year

(1) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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ADDRESS	STREET	CITY	STATE	ZIP
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TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
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(2) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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ADDRESS	STREET	CITY	STATE	ZIP
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TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
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(3) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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ADDRESS	STREET	CITY	STATE	ZIP
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TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
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(4) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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ADDRESS	STREET	CITY	STATE	ZIP
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TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
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(5) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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ADDRESS	STREET	CITY	STATE	ZIP
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TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
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(6) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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ADDRESS	STREET	CITY	STATE	ZIP
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TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
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(7) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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ADDRESS	STREET	CITY	STATE	ZIP
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TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
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(8) ROUND TABLE COORDINATOR:	MEMBERSHIP NUMBER	LAST NAME	FIRST NAME	INITIAL
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ADDRESS	STREET	CITY	STATE	ZIP
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TELEPHONE AREA CODE	PHONE NO.	PARISH:	CITY
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MAIL ORIGINAL TO: Supreme Council, Fraternal Mission Department

MAIL COPIES TO: State Deputy, District Deputy, State Round Table Chairman, Council File \_\_\_\_\_ Grand Knight

Available in electronic format at [kofc.org/forms](http://kofc.org/forms)