



# SHINING ARMOR AWARD

*(Must be earned during the Member's 1<sup>st</sup> Year)*



**Applicants Name:** \_\_\_\_\_

**Council Number:** \_\_\_\_\_

**District Number:** \_\_\_\_\_

**Recruit 1 New Member Name:** \_\_\_\_\_

**Participate in 3 Programs with your Council:**

- **Event:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- **Event:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- **Event:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attend 3 Business Meetings of your Council:** **Date:** \_\_\_\_\_

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

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

**Take 2<sup>nd</sup> and 3<sup>rd</sup> Degrees:**

**Date of 2<sup>nd</sup> Degree:** \_\_\_\_\_

**Date of 3<sup>rd</sup> Degree:** \_\_\_\_\_

**Meet with your Supreme Benefits Advisor:** **Date:** \_\_\_\_\_

**Grand Knight's Initials:** \_\_\_\_\_ **Date submitted to State:** \_\_\_\_\_

**When Complete please send form to:**

**Tom O'Hara**  
**State Council Growth Director**  
**12909 Princeton Rd.**  
**Baltimore, Md. 21220**  
[tomco50@comcast.net](mailto:tomco50@comcast.net)

(NOTE: This form may be submitted electronically without the Grand Knight's Initials)