

**Shining armor AWARD**

***(Must be earned during the Member’s 1st 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 2nd and 3rd Degrees:***

***Date of 2nd Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date of 3rd Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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

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

***When Complete please send form to:***

***Jeff Koscho***

***State Council Growth Director***

***5800 Chris Mar Ave***

***Clinton, MD 20735***

***jkoscho@hotmail.com***

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