



SILVER KNIGHT AWARD

(Must be earned during the current Columbian Year)



This is a State Award -

Applicants Name: _____

Council Number: _____

District Number: _____

Recruit 2 New Members Name: _____

Name: _____

Participate in 3 Programs with your Council:

- *Event:* _____ *Date:* _____
- *Event:* _____ *Date:* _____
- *Event:* _____ *Date:* _____

Attend 3 Business Meetings of your Council: Date: _____

Date: _____

Date: _____

Date of 3rd Degree: _____

Grand Knight's Initials: _____ *Date submitted to State:* _____

When Complete please send form to:

Jeff Koscho

State Council Growth Director

jkoscho@hotmail.com

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