



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 Exemplification of Charity, Unity and Fraternity:

Date of Exemplification: _____

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)