



## Knights of Columbus South Carolina State Council



# 2021 – 2022 AWARDS PROGRAM

## PROGRAM AWARDS

The State Council will select a winning program for each of the Faith in Action Categories. Councils are encouraged to submit their best Program for each Category (*April 1 – March 31*):

1. **Faith**
2. **Family**
3. **Community**
4. **Life**

Councils should utilize the attached **Form STSP 2/21**. Winners will be submitted to Supreme for consideration of the International Program Award for each specific category.

## INDIVIDUAL AWARDS

The State Council will select a winner for each of the Individual Award Categories. Councils are encouraged to highlight their most well-rounded individual for each Category:

1. **Family of the Year**
2. **Knight of the Year**
3. **Golden Knight of the Year**
4. **Youth of the Year**
5. **Rookie of the Year**

Councils shall utilize the attached **Form 10680 2/21 for Family of the Year**. Winners will be submitted to Supreme for consideration of the International Family of the Year Award. For all other individual award submissions, Councils shall utilize **Form SC 101/22**, and indicate which award the information applies by marking the name of the award.

### **Eligibility**

**Family** – Any Family can be nominated regardless of membership with the Knights of Columbus.

**Knight of the Year** – Any Knight registered to a Council in South Carolina

**Golden Knight of the Year** - Any Knight registered to a Council in South Carolina with at least 10 years of continuous service.

**Youth of the Year** – Any youth aged 9-18, regardless of association with Knights of Columbus

**Rookie of the Year** – Any Knight in their first year of membership.



# Knights of Columbus South Carolina State Council



## **BEST COUNCIL AWARD**

The State Council shall select a winner for best overall Council.

Councils should highlight their best programs and should show how their Council has been successful with regards to each Faith in Action Category, membership growth, and how they have fostered the principles of Charity, Unity, and Fraternity. The Best Council is the best of the best.

Councils wishing to be considered for this award, shall submit **Form SC 102/22**. This form should be submitted along with a **Form STSP 2/21** (Program Award Submission) for each Faith in Action Category.

## **Procedures**

All award submittals shall be emailed to the State Program Director **no later than March 18, 2022**. Program Director is:

**Christopher Hilditch, State Warden**  
[hilditchpi@gmail.com](mailto:hilditchpi@gmail.com)

Recipients shall be recognized during the Awards Breakfast at the 101<sup>st</sup> State Convention on **April 24, 2022** at the Landmark Resort in Myrtle Beach. Councils who submit winners for Individual Awards shall be notified of winners by **April 1, 2022**, so that arrangements can be made to have recipients present to be recognized.

## **Convention Awards**

**Scrapbook Award:** One award shall be given for the best Scrap Book at the Convention. Councils are encouraged to keep a scrap book of all events, activities, and occasions throughout the year from **April 2021 – March 2022**. Councils participating need to ensure their Scrap Book is on display Friday Night, as Attendees will be afforded the opportunity to cast one vote!

**Attendance Award:** The South Carolina State Council Convention Attendance Awards will be presented to councils having the convention participation based on the following formula:  
**AP = MT x KR/KRC**

*(AP: Award Points; MT: Miles traveled to convention; KR: Number of Knights registered at the convention; KRC: Number of members registered with the council).*

# State Council Program Awards

## Entry Form

THIS REPORTING FORM MUST BE COMPLETED BY EACH COUNCIL AND FORWARDED TO THE STATE COUNCIL.  
(A separate reporting form should be completed for each program category.)

CATEGORY (MARK ONE):  Faith  Family  Community  Life



### COUNCIL INFORMATION:

1 Council Number: \_\_\_\_\_ Total Council Members: \_\_\_\_\_  
Grand Knight: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### PROGRAM INFORMATION (complete all sections):

2 Program Title: \_\_\_\_\_ Program Date: \_\_\_\_\_

Participation:  $\frac{\text{Members}}{\text{Members}} + \frac{\text{Non Members}}{\text{Non Members}} = \frac{\text{Total Participants}}{\text{Total Participants}}$   $\frac{\text{Total Participants}}{\text{Total Participants}} \times \frac{\text{Hours}}{\text{Hours}} = \frac{\text{Total Volunteer Hours}}{\text{Total Volunteer Hours}}$

Program Planning:  $\frac{\text{Costs}}{\text{Costs}}$  &  $\frac{\text{Time}}{\text{Time}}$  Members Recruited: \_\_\_\_\_ Donations:  $\frac{\text{Local Currency}}{\text{Local Currency}}$

3 Describe program in detail. Use additional paper if necessary. Supplementary material may be submitted along with the nomination. Accompanying materials can include letters, testimonials, news clippings, photographs, pamphlets, etc. Do not submit tapes, videocassettes, DVD's, display materials, films, etc., as they will not be considered in judging the nomination.

3a) In the space provided below, briefly describe the purpose and goals of this program. This section must be completed.

**DO NOT SUBMIT THIS REPORT FORM TO SUPREME COUNCIL**

**ENTRY MUST BE RECEIVED BY THE STATE COUNCIL  
TO BE ELIGIBLE FOR THE COMPETITION**

MAIL ORIGINAL TO: State Deputy or State Program Director

COPY TO: Council File

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



(continued on reverse)

3b) Whom does this program benefit?

3c) What problem or need did this program resolve?

3d) Why did the council select this program?

3e) Describe the success of the program:

Attest: \_\_\_\_\_ Signed: \_\_\_\_\_ Date \_\_\_\_\_  
State Deputy Grand Knight

# Family of the Year

---

## Entry Form

Council/Jurisdiction: \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTIONS

**Local Councils:** To enter your Family of the Year into jurisdiction competition, complete this form and forward it to the state deputy. Additional paper may be used if space allocated is not sufficient. Photographs, news clippings, letters of commendation or other special exhibits may be included. **Note: Individual jurisdictions set their own deadlines for state/provincial competitions, so watch for deadline dates or contact the state deputy, state program director, or state family director.**

### A. PERSONAL DATA

Member's Name: \_\_\_\_\_ (Membership Number) \_\_\_\_\_

Wife's Name: \_\_\_\_\_

Children/Ages: \_\_\_\_\_ Children/Ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Parish: \_\_\_\_\_ Pastor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### B. KNIGHTS OF COLUMBUS DATA

Family nominated by Council \_\_\_\_\_ (Number) in \_\_\_\_\_ (Location)

For how many years has husband/father been a member of the Knights of Columbus? \_\_\_\_\_

Positions (offices/program directorships/chairmanships/committee assignments) held:

*continued on back*



Explain the entire family's involvement within the Knights of Columbus:

### C. FAMILY INVOLVEMENT

Explain the entire family's involvement within the Church:

Explain the entire family's involvement within the community:

Explain why this family was chosen as the model family in your jurisdiction. Why does this family deserve the distinction of being named Knights of Columbus Family of the Year?

#### FOR JURISDICTION USE ONLY:

This family has been chosen Jurisdiction Family of the Year.

Attest: \_\_\_\_\_  
(State Deputy)

*If this entry is selected as the Jurisdiction Family of the Year, please submit this winning entry form with the state deputy's signature or e-signature and all collateral material to the Supreme Council Department of Fraternal Mission along with your SPAW/STSP packet of International Award Winners. It is preferred that these be submitted electronically to fraternalmission@kofc.org. Jurisdiction Family of the Year submissions are due by June 1 for consideration in the International Family of the Year competition.*

*(Councils should retain a copy of this completed form for their files)*



# Knights of Columbus South Carolina State Council



## Individual Award

- Select:       Knight of the Year                       Golden Knight of the Year
- Youth of the Year                                       Rookie of the Year

### A. Personal Data

Name: \_\_\_\_\_ (Membership Number)

Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City*                      *State*                      *Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Wife's Name: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

### B. Fraternal

Council: \_\_\_\_\_ Assembly: \_\_\_\_\_

Continuous Years Served: \_\_\_\_\_

Current Position: \_\_\_\_\_

Highest Office: \_\_\_\_\_

Parish: \_\_\_\_\_



# Knights of Columbus South Carolina State Council



## C. Faith in Action

**Describe the members involvement in the Council's Faith Programs.**

**Describe the members involvement in the Council's Family Programs.**

**Describe the members involvement in the Council's Community Programs.**





# Knights of Columbus South Carolina State Council



**Describe the members involvement in the Council's Life Programs.**

**Why does this Knight deserve to be recognized with this award?**

**Submitted by:** \_\_\_\_\_  
**Grand Knight**

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

---

*Awards Committee*

**Received by:** \_\_\_\_\_

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



Knights of Columbus  
South Carolina State Council



# Best Council Award

## A. Fraternal

Council: \_\_\_\_\_

Safe Environment Compliant:      Yes              No

*Submitted:*

Form 185:                                      Form 365:

Semi-Annual Audits:                      Fraternal Survey:

*Participated in:*

State Charity Raffle

Columbus Hope Drive

*Membership*

Quota: \_\_\_\_\_                      Intake: \_\_\_\_\_  
*(at time of submission)*

Fraternal Benefit Night #1

Fraternal Benefit Night #2

## B. Faith in Action

*Awards Submitted*

Faith    Family

Community                                      Life



# Knights of Columbus South Carolina State Council



## C. Council Narrative (Why are you the Best of the Best?)

Submitted by: \_\_\_\_\_  
Grand Knight

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

---

*Awards Committee*

Received by: \_\_\_\_\_

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