



## Knights of Columbus South Carolina State Council

# 2024 – 2025 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 Warden **no later than March 31, 2025**. State Warden is:

**Patrick Noone**  
[pjmn333@yahoo.com](mailto:pjmn333@yahoo.com)

Recipients shall be recognized during the Annual State Convention on **May 5-7, 2024** at the Embassy Suites by Hilton Greenville Golf Resort and Conference Center in Greenville. Councils who submit winners for Individual Awards shall be notified of winners by **April 15, 2025**, so that arrangements can be made to have recipients present at the Convention to be recognized.

# State Council Program Awards

## Entry Form

ENTRY MUST BE RECEIVED BY THE STATE COUNCIL TO BE ELIGIBLE FOR THE COMPETITION  
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: \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
Members Non Members Total Participants Total Volunteer Hours

Program Planning: \_\_\_\_\_ & \_\_\_\_\_ Members Recruited: \_\_\_\_\_ Donations: \_\_\_\_\_  
Costs Time Local Currency

3 Describe the program in full detail using the space below and on page 2. Programs must be organized by the council or involve significant participation by council members to qualify. Programs must also engage members by enhancing faith and spirituality, serving a charitable purpose, or a combination of the two. Program descriptions should reference how they meet these criteria. *Along with the description of the program, provide the program's purpose, goals, accomplishments and why it deserves to win the award.*

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.

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

**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)

**Continue your program description in the space below.**

A large, empty rectangular box with a thin black border, intended for writing a program description.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Grand Knight

# Family of the Year

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## 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](mailto:fraternalmission@kofc.org). Jurisdiction Family of the Year submissions are due by April 30 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: \_\_\_\_\_

**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.**



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

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*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**

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

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

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

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*Awards Committee*

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

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

# State Blessed Michael McGivney Award Council Nominee

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

Submitter's Name: \_\_\_\_\_ KofC Council Role \_\_\_\_\_

Council Number: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

In connection with the International Program Awards Contest sponsored by the Supreme Council office, the following Chaplain is the nominee named by my council:

## **CHAPLAIN INFORMATION:**

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

Chaplain to be recognized: \_\_\_\_\_ How long has he been a priest? \_\_\_\_\_

Chaplain's Member Number: \_\_\_\_\_ Years as KofC Chaplain: \_\_\_\_\_

Other Positions Held? (Write N/A if none) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

## **AWARD SUBMISSION:**

1. In less than 250 words, please answer how your chaplain is:

- a teacher of the faith
- an apostle of Christian family life
- a devoted parish priest
- an exemplar of charity
- a builder of Catholic fraternity
- role model to your Parish



# State Blessed Michael McGivney Award Council Nominee

2. Please add or attach other reasons why your chaplain should be considered for this award (if none write n/a)

**GRAND KNIGHT ATTESTATION:**

Grand Knight Signature: \_\_\_\_\_

**Each council must complete this report form and forward it to the state council.  
Individual award entries must be forwarded to the State Council office.**