Knights of Columbus
South Carolina State Council

2025 – 2026 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 10/23**. 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 11/22 for Family of the Year Entry Form**. 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 Individual Award** 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 two years of membership.

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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 Best Council Award.** This form should be submitted along with a **Form STSP 10/23 State Council Program Awards - Entry Form** for each Faith in Action Category.

Procedures

All award submittals shall be emailed to the State Program Director **no later than March 31, 2026.** The State Program Director is:

Mark Phillips
yallcallmark@comcast.net

Recipients shall be recognized during the Annual State Convention on **May 1-3, 2026** 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, 2026** 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: _____ (Costs) & _____ (Time) Members Recruited: _____ Donations: _____ (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

(continued on reverse)

Continue your program description in the space below.

Signed: _____ _____

Grand Knight Date

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 April 30 for consideration in the International Family of the Year competition.

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

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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:_____ **Date:** _____
Grand Knight

Awards Committee

Received by:_____ **Date:** _____

Knights of Columbus
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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:_____ **Date:** _____
Grand Knight

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.