



Knights of Columbus DUE BY: Feb. 28

INDIANA STATE COUNCIL

**VENERABLE FATHER MCGIVNEY
STATE VOCATIONS AWARD**

Council Number _____ Date _____

Council Name _____

Council Address _____

Council City _____ ZIP _____

Grand Knight _____ PHONE _____

Vocations Chairman _____

Describe the vocations activity that the Council conducted. Pictures, newsletter and Church bulletin articles, newspaper clippings, and other supplemental material may be included. Use the reverse side of this form or additional pages if required.

SUBMIT TO: State Vocations Chairman
COPIES TO: State Faith Director
District Deputy
Council Files