



Knights of Columbus
INDIANA STATE COUNCIL

DUE BY: Feb. 28

**FATHER MCGIVNEY
STATE VOCATIONS AWARD**

Council Number _____ Date _____

Council Name _____

Council Address _____

Council City _____ ZIP _____

Grand Knight _____

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: Church Director
COPIES TO: District Deputy
Council Files