



**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