

**IN-OCL1**



***Knights of Columbus***

**INDIANA STATE COUNCIL**

**DUE BY: Feb. 28**

**TIMOTHY P. GALVIN K.S.G.  
OUTSTANDING CATHOLIC LAYPERSON AWARD**

*(Please Print or Type)*

Council Number \_\_\_\_\_ submits the following nominee for the Timothy P. Galvin K.S.G. Outstanding Catholic Layperson Award:

Name: \_\_\_\_\_

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

Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single      PHONE \_\_\_\_\_

If Married: Spouse's Name \_\_\_\_\_

Number of Children \_\_\_\_\_

Nominee's Occupation: \_\_\_\_\_

Parish: \_\_\_\_\_

Name and Address of Pastor: \_\_\_\_\_

\_\_\_\_\_

Is nominee a member of the Knights of Columbus? \_\_\_\_\_ Yes \_\_\_\_\_ No.  
(It is not required that the nominee be a member of the Knights of Columbus.)

If yes, his Council number and name: \_\_\_\_\_

List the organizations to which the nominee belongs and the qualifications that would entitle the nominee to be selected Outstanding Catholic Layperson of the Year. Use an additional page if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If possible, submit a letter of recommendation from the nominee's pastor.

Signed \_\_\_\_\_ Council Number \_\_\_\_\_  
(Grand Knight)

SUBMIT TO: Indiana State Church Director  
COPIES TO: District Deputy  
                  Council Files

# IN-OCY1



## *Knights of Columbus* INDIANA STATE COUNCIL

DUE BY: Feb. 28

### OUTSTANDING CATHOLIC YOUTH SCHOLARSHIP APPLICATION

*(Please Print or Type. Use additional pages as necessary.)*

Council Number \_\_\_\_\_ submits the following nominee for the Outstanding Catholic Youth

Award:

#### **Nominee Information:**

Name: \_\_\_\_\_

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

\_\_\_\_\_ PHONE \_\_\_\_\_

School: \_\_\_\_\_

Parish: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_

Parents' Address (if different from nominee's): \_\_\_\_\_

#### **Application Requirements:**

This application cover sheet has information on front and back - please remember to provide information satisfying application requirements on **both sides**. Provide the following information and attach this cover-sheet for submission.

Please include nominee's photograph.

#### I. SPIRITUAL, CHURCH AND PARISH INFORMATION

Please list and describe the works and accomplishments of your nominee within the structure of the nominee's parish organizations.

Please list and describe the nominee's Spiritual and Corporal Works of mercy, how these works benefit the spiritual welfare of those around the nominee, and how their performance has affected the nominee spiritually.

#### II. SCHOOL

Scholastic Grade Average: 9th \_\_\_\_\_ 10th \_\_\_\_\_ 11th \_\_\_\_\_ 12th \_\_\_\_\_

Current Class Rank: \_\_\_\_\_ out of \_\_\_\_\_ students in the 12th grade.

Please include a copy of the nominee's high school transcript.

[continued on next page]

Please indicate the effect and impact your candidate has had upon the nominee's school, administration, teachers, counselor, and students.

Please list the clubs and organizations to which the nominee belongs and the offices held (if any). List athletic activities in which the nominee has participated.

**III. CIVIC AND COMMUNITY**

Please list and describe all of the civic and community activities in which your nominee has participated during the nominee's high school years, including summer activities. Indicate the effect and impact these activities have had on the community.

**IV. RECOMMENDATIONS**

The following letters of recommendation should be attached to this form:

1. A letter from the nominee's Pastor, Associate Pastor, or CCD Coordinator.
2. A letter from the nominee's school administrator, counselor, or dean of students.
3. A letter from the sponsoring Council's Grand Knight or Youth Director.
4. Letters from other interested persons within the nominee's parish, school and/or community.

**V. AUTOBIOGRAPHICAL SKETCH AND GENERAL INFORMATION**

You have been nominated by your local Knights of Columbus Council for the Outstanding Catholic Youth Award of the Indiana Knights of Columbus. Please provide a personal assessment of yourself and a brief sketch of your family. Feel free to express your personal wants and desires for the present and the future, along with your plans for the future. Please comment on your nomination.

**V. SUBMISSION**

Mail the completed application along with all letters of recommendation to the Indiana State Council Youth Director

Signed \_\_\_\_\_  
(Nominee)

Signed \_\_\_\_\_ Council Number \_\_\_\_\_  
(Grand Knight)

Signed \_\_\_\_\_  
(Council Youth Director)

**SUBMIT TO:** Youth Director  
**COPIES TO:** District Deputy  
Council Files

**IN-DB1**

**SUBMIT: As Needed**



***Knights of Columbus***  
**INDIANA STATE COUNCIL**  
**MONTHLY DECEASED BROTHERS REPORT**

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

Council Location \_\_\_\_\_

Date Form is Submitted \_\_\_\_\_

Names and Dates of Death of Deceased Brothers (Please Print):

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_

(Grand Knight or Financial Secretary)

MAIL TO: State Church Director  
COPIES TO: District Deputy  
Council Files

**A fill-in version of this form is available online at**  
[http://indianakofc.org/forms/deceased\\_brothers\\_reporting\\_form.htm](http://indianakofc.org/forms/deceased_brothers_reporting_form.htm)

# IN-SOS1



## *Knights of Columbus* INDIANA STATE COUNCIL SUPPORT OUR SEMINARIANS REPORT

DUE BY: June 15

Council Number \_\_\_\_\_ Date \_\_\_\_\_

Council Name \_\_\_\_\_

Council Location \_\_\_\_\_

Grand Knight \_\_\_\_\_

Vocations Chairman \_\_\_\_\_

Amount of Donation \$ \_\_\_\_\_ Check# \_\_\_\_\_

Source of Funds \_\_\_\_\_

**Make your check payable to “Indiana State Council” and indicate “SOS FUND” on the memo line.**

**SEND CHECK AND THIS FORM TO: INDIANA STATE TREASURER**

COPIES TO: State Vocations Chairman  
State Church Director  
District Deputy  
Council Files

# IN-COL1



## *Knights of Columbus*

DUE BY: June 15

### INDIANA STATE COUNCIL CULTURE OF LIFE CHECK REQUEST FORM

Council Number \_\_\_\_\_ Date \_\_\_\_\_

Council Name \_\_\_\_\_

Council Location \_\_\_\_\_

Grand Knight \_\_\_\_\_

Culture of Life Chair-Couple \_\_\_\_\_

If the Council conducted a Culture of Life activity to raise this money, please describe the event below.

\_\_\_\_\_

**Line A:** Total Amount of Council Check Forwarded to Indiana State Council \$ \_\_\_\_\_

**Line B:** Minimum 10% Donation to the Indiana State Council Culture of Life Fund \$ \_\_\_\_\_  
(Donations allow the Indiana State Council to fund State-wide COL projects as needed throughout the year.)

**Line C:** Donation to the Indiana State Council Ultrasound Fund \$ \_\_\_\_\_

**Line D:** Donation to the Indiana State Council Safe Haven Baby Boxes Fund \$ \_\_\_\_\_

**Line E:** Remaining Amount to be donated to agencies other than the Indiana State Council  
COL Funds above (Subtract Lines B, C, & D from Line A) \$ \_\_\_\_\_

Please list information and amounts for all agencies receiving distributions from the Remaining Amount on **Line E** of this form.

1. Name \_\_\_\_\_ \$ \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

2. Name \_\_\_\_\_ \$ \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

3. Name \_\_\_\_\_ \$ \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Make the full check payable to: "Indiana State Council".** Checks to other agencies will be returned to the Council's Financial Secretary at the address in the current State Directory.

SUBMIT CHECK AND COPY OF THIS FORM TO: **Indiana State Treasurer**

COPIES TO: State Culture of Life Chairman  
District Deputy  
Council Files

**IN-BD1**

**SUBMIT: As Needed**



***Knights of Columbus***  
**INDIANA STATE COUNCIL**  
**STATE BLOOD DRIVE REPORT FORM**

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

Council Name: \_\_\_\_\_

Council Location: \_\_\_\_\_

District # \_\_\_\_\_

Date of Blood Drive \_\_\_\_\_

No. of Units Drawn \_\_\_\_\_

Signed \_\_\_\_\_  
(Grand Knight or Financial Secretary)

SUBMIT TO: State Council Blood Drive Chairman  
COPIES TO: District Deputy  
Council Files

**A fill-in version of this form is available online at**  
[http://indianakofc.org/forms/blood\\_drive\\_form.htm](http://indianakofc.org/forms/blood_drive_form.htm)

# IN-TOT2



## Knights of Columbus

SUBMIT: After Drive, but by 6/15

### INDIANA STATE COUNCIL O'ROURKE TOOTSIE ROLL DRIVE FOR INTELLECTUALLY DISABLED CITIZENS CHECK REQUEST FORM

Council Number \_\_\_\_\_ City \_\_\_\_\_ Date(s) \_\_\_\_\_

#### INCOME:

Sale of \_\_\_\_\_ cases of Tootsie Rolls: \$ \_\_\_\_\_

Other donations: \$ \_\_\_\_\_

**TOTAL INCOME:** \$ \_\_\_\_\_

#### EXPENSES:

\_\_\_\_\_ Cases of Tootsie Rolls: \$ \_\_\_\_\_

\_\_\_\_\_ Aprons@ \_\_\_\_\_: \$ \_\_\_\_\_

Insurance Expense \$ \_\_\_\_\_

Miscellaneous Expense: \$ \_\_\_\_\_

**TOTAL EXPENSES:** \$ \_\_\_\_\_

**NET INCOME FROM DRIVE:** \$ \_\_\_\_\_

#### DISTRIBUTION REQUEST

**AMOUNT OF COUNCIL CHECK TO STATE COUNCIL:** \$ \_\_\_\_\_

Please list the name and address of each approved eligible organization to which you wish to donate and indicate the amount to be donated. Use an additional sheet if necessary.

(1) AMOUNT TO BE DONATED TO GIBAULT \$ \_\_\_\_\_

(2) AMOUNT TO BE DONATED TO INDIANA SPECIAL OLYMPICS \$ \_\_\_\_\_

(3) \_\_\_\_\_  
Name of Organization  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State ZIP Amount: \$ \_\_\_\_\_

(4) \_\_\_\_\_  
Name of Organization  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State ZIP Amount: \$ \_\_\_\_\_

(5) \_\_\_\_\_  
Name of Organization  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State ZIP Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
Grand Knight Date

Checks written to the above organizations for the amount indicated will be returned to the council for distribution. Unless directed otherwise, the checks will be mailed to the financial secretary of the council at the address listed in the most recent state directory. Send copy of this report and the council check made payable to **Indiana State Council** to State Treasurer at address in State Directory

SUBMIT TO: Indiana State Treasurer  
COPIES TO: State Community Director  
District Deputy  
Council Files



# IN-GR1



## *Knights of Columbus* INDIANA STATE COUNCIL GIBAULT RAFFLE REPORT FORM

SUBMIT: As Needed

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

Council Name: \_\_\_\_\_

Council Location: \_\_\_\_\_

# Books Issued \_\_\_\_\_

# Books Sold \_\_\_\_\_

Receipts/Ticket Sales \$ \_\_\_\_\_

Expenses/Cost of Distribution: (\$ \_\_\_\_\_)

Net Amount Remitted: \$ \_\_\_\_\_

Signed \_\_\_\_\_

(Grand Knight or Financial Secretary)

Please return this form with your check & ticket stubs at the State Convention

SUBMIT TO: **Gibault Envoy Chairman** on behalf of the **State Treasurer** at the State Convention

COPIES TO: District Deputy  
Council Files



**Knights of Columbus**  
**S Q U I R E S**  
*Youth Organization.*

**"Pull A Tab..For Life"**

**INFORMATION FORM**  
**(To be returned at the convention with your tabs)**

Council Number \_\_\_\_\_ Council Name \_\_\_\_\_

Council Address \_\_\_\_\_

Council City \_\_\_\_\_

Council Phone/Email \_\_\_\_\_

Quantity (#LBS) \_\_\_\_\_

Grand Knight (Signature) \_\_\_\_\_

Financial Secretary (Seal & Signature) \_\_\_\_\_

PLEASE FILL OUT ALL THE INFORMATION ABOVE.  
THIS FORM AND TABS MUST BE TURNED IN  
**AT THE CONVENTION BEFORE SATURDAY 12:00 P.M.**

SUBMIT TO: State Squires Director  
COPIES TO: District Deputy  
Council Files