

ICC Columbian Award Qualifier

District No. _____

Council No. _____

Council Name _____

City _____

Grand Knight Name _____

Phone No. _____

FAITH ACTIVITIES (vocations, parish roundtable, parochial services, Keep Christ in Christmas, etc.)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

COMMUNITY ACTIVITIES (feed the hungry, decency, health services, ecology, poverty, helping the elderly, etc.)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

FAMILY ACTIVITIES (widows/orphans, memorials, family of the month/year, recreation, picnics, etc.)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

LIFE ACTIVITIES (March for Life, birthright, baby showers, baby bottle campaign, memorials, etc.)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

When you have completed filling out this form, save a copy of the document using a new name (example: Council 1111 – ICC Columbian Award Qualifier). Attach the new file to an email and send to the State Program Director. You may also want to send a copy to your council Program Director or Grand Knight for council records.