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  7/2019

This form is available online at www.indianakofc.org/forms