



**Knights of Columbus**  
INDIANA STATE COUNCIL

DUE BY: Feb. 28

**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 Church Director  
District Deputy  
Council Files