

# Columbian Award Program Reporting Guidelines

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## **The following criteria must be met for programs to count towards Columbian Award program credits:**

- Programs must be *organized by the council or involve significant participation by council members* to qualify. Program descriptions should reference how they meet these criteria.
- Programs must engage members by enhancing faith and spirituality, serving a charitable purpose, or a combination of the two. Program descriptions should reference how they meet these criteria.
- Councils must earn at least four (4) program credits in each of the Faith in Action categories: Faith, Family, Community, and Life. Refer to the [Faith in Action Guidebook](#) or visit [kofc.org/faithinaction](http://kofc.org/faithinaction) for more information on programs.
- Two program credits can be earned for programs meeting [Featured Program Minimum Requirements](#). All non-featured programs and programs not meeting minimum requirements earn 1 program credit.
- Donations alone do not qualify unless they result from the council's fundraising activities or are for a Faith in Action program activity (i.e., Ultrasound Initiative, Global Wheelchair Mission, etc.). If a donation is made for a non-Faith in Action program or no fundraising activities were carried out by the council, the council must also report non-monetary support to qualify.
- Participating or volunteering for standard liturgical functions generally does not qualify for program credit. Examples of non-qualifying activities include attending or serving at Mass or funerals, ushering, or participating as a “Eucharistic Minister”, lector, choir member, etc.
- Programs taking place during *Cor*, such as Holy Hour, the Rosary Program, Men of the Word Bible Study, *Into the Breach*, etc., qualify for credit. However, *Cor* itself does not qualify for program credit.
- Refer to the sample [Sample Columbian Award Application](#) for an example of an acceptable form.

*Fraternal Mission staff reserves the right to determine whether programs qualify for program credit based on these criteria.*



# Columbian Award Application

Due by June 30th

*Review the Columbian Award Program Reporting Guidelines on page 1 before completing this form.*

Council Number: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_ 20 \_\_\_\_ - 20 \_\_\_\_

**FAITH PROGRAMS: RSVP, Into the Breach, Spiritual Reflection, Holy Hour, Pilgrim Icon Program, Building the Domestic Church Kiosk, Rosary Program, Sacramental Gifts**

1. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met? ☐ YES ☐ NO

Program Description: \_\_\_\_\_

2. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met? ☐ YES ☐ NO

Program Description: \_\_\_\_\_

3. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met? ☐ YES ☐ NO

Program Description: \_\_\_\_\_

4. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met? ☐ YES ☐ NO

Program Description: \_\_\_\_\_

**FAMILY PROGRAMS: Food for Families, Family of the Month/Year, Family Fully Alive, Family Prayer Night, Keep Christ in Christmas, Family Week, Consecration to the Holy Family, Good Friday Family Promotion**

1. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met? ☐ YES ☐ NO

Program Description: \_\_\_\_\_

2. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met? ☐ YES ☐ NO

Program Description: \_\_\_\_\_

3. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met? ☐ YES ☐ NO

Program Description: \_\_\_\_\_

4. Program Name: \_\_\_\_\_ Featured Program Minimum Requirements met? ☐ YES ☐ NO

Program Description: \_\_\_\_\_

**COMMUNITY PROGRAMS: Coats for Kids, Global Wheelchair Mission, Habitat for Humanity, Disaster Preparedness, Free Throw Championship, Catholic Citizenship Essay Contest, Soccer Challenge, Hockey Challenge, Helping Hands**

1. Program Name: _____	Featured Program Minimum Requirements met? <input type="checkbox"/> YES <input type="checkbox"/> NO
Program Description: _____	
_____	
2. Program Name: _____	Featured Program Minimum Requirements met? <input type="checkbox"/> YES <input type="checkbox"/> NO
Program Description: _____	
_____	
3. Program Name: _____	Featured Program Minimum Requirements met? <input type="checkbox"/> YES <input type="checkbox"/> NO
Program Description: _____	
_____	
4. Program Name: _____	Featured Program Minimum Requirements met? <input type="checkbox"/> YES <input type="checkbox"/> NO
Program Description: _____	
_____	

**LIFE PROGRAMS: Pregnancy Center Support/ASAP, March for Life, Special Olympics, Ultrasound Initiative, Christian Refugee Relief, Silver Rose, Mass for People with Special Needs, Novena for Life**

1. Program Name: _____	Featured Program Minimum Requirements met? <input type="checkbox"/> YES <input type="checkbox"/> NO
Program Description: _____	
_____	
2. Program Name: _____	Featured Program Minimum Requirements met? <input type="checkbox"/> YES <input type="checkbox"/> NO
Program Description: _____	
_____	
3. Program Name: _____	Featured Program Minimum Requirements met? <input type="checkbox"/> YES <input type="checkbox"/> NO
Program Description: _____	
_____	
4. Program Name: _____	Featured Program Minimum Requirements met? <input type="checkbox"/> YES <input type="checkbox"/> NO
Program Description: _____	
_____	

Submitted by: \_\_\_\_\_

Name	Member Number	Date
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This form must be submitted by the Grand Knight, Financial Secretary or Program Director.

SUBMIT ELECTRONICALLY TO: [fraternalmission@kofc.org](mailto:fraternalmission@kofc.org) • SEND COPIES TO: State Deputy, District Deputy, Council File