

BROTHER BARNABAS AWARD

APPLICATION

DUE BY: JUNE 30

The **Brother Barnabas Award** recognizes the 25 best activities conducted by local circles throughout the United States, Canada, Mexico, the Philippines, Puerto Rico, the Bahamas, the Virgin Islands and Guam. Circles may submit more than one application for award consideration per year. This form may be reproduced or additional forms may be obtained online at www.kofc.org/squires or from the Supreme Council Supply Department. Only one entry per form!

To qualify for competition, completed entries must be received at the **Supreme Council office by June 30**. Complete and mail to: Columbian Squires, Knights of Columbus Department of Fraternal Services, 1 Columbus Plaza, New Haven, CT 06510-3326.

CIRCLE NUMBER: _____ **COUNCIL NUMBER:** _____

CIRCLE NAME: _____ **LOCATION:** _____
(Town or City) (State or Province)

The information which follows describes a single activity conducted by our circle and serves as our entry in the Supreme Council's "Brother Barnabas Award Contest."

Project Title: _____

Date Project Conducted: _____

Purpose of Activity: _____

Number of circle members participating in project: _____

Total number of people participating in project: _____

Percentage of circle members participating in project: _____ **%**

Number of man hours expended in project: _____

Funds raised: \$ _____ **Funds donated to:** _____

Amount: \$

Amount: \$

Chairman's Name: _____ **Telephone Number:** _____

Describe project in detail — use additional paper, if necessary. (Photographs, news clippings, scrapbook, etc. may be included with this reporting form. Do not send videotapes or CD's, which will not be reviewed.)

See page 18 of the Columbian Squires Circle Operations Manual and Executive Leadership Guide (#498) for Brother Barnabas Award judging criteria. **Note: If a circle program has been recognized as a Brother Barnabas award winning activity in the past, it should not be submitted again, since a similar program conducted by the same circle is eligible for a Brother Barnabas Award only once.**

Attest: _____ **Signed:** _____
(Chief Squire) Date (Chief Counselor)

MAIL ORIGINAL TO: Department of Fraternal Services
 Knights of Columbus
 1 Columbus Plaza
 New Haven, CT 06510-3326

COPIES TO: State Squires Chairman, Circle File