KNIGHTS OF COLUMBUS

FOURTH DEGREE

Father Hennepin Province
Michigan District 1
www.kofcmidistrict1.com

For Fraternal Year Ending _____

DISTRICT MASTER AWARD APPLICATION

Assembly Name: _____   **Assembly #:** _____

Assemblies that keep their members informed and engaged, support and grow the Fourth Degree and support the values of Patriotism are eligible to receive the Michigan District #1 <u>DISTRICT MASTER AWARD</u>.

To qualify for the award, the Assembly must complete the following activities on time and recruit at least one new member for the fraternal year. The application must be completed, in full, with supporting documentation attached and signed by the Faithful Navigator. The application should be submitted to the Master of District #1 by August 15.

Gene Suchyta, gene.suchyta@gmail.com (please contact me if you prefer to mail your application)

Assembly must attend one District meeting and one Exemplification	Fall District Meeting: ☐ Spring District Meeting: ☐	Fall Exemplification: ☐ Spring Exemplification: ☐

		Yes	No
Annual Survey of Fraternal Activity (form 1728)	Mailed to Supreme by Jan. 31	☐	☐
Civic Award Application (form 2321)	Mailed to Supreme by Jun. 30	☐	☐
Report of Elected Officers (form 186)	Mailed to Supreme by Jul. 1	☐	☐
Annual Audit Report (form 1315)	Mailed to Supreme by Aug. 1	☐	☐

Publish a minimum of 4 Assembly newsletters (physical or electronic, NOT the meeting minutes; please send to the District Master when published or let him know how it is published electronically)

Date:_____   Date:_____   Date:_____   Date:_____

Name at least three (3) Sir Knights of the Month and a Sir Knight of the Year

Sir Knight of the Month awarded to _____
Sir Knight of the Month awarded to _____
Sir Knight of the Month awarded to _____
Sir Knight of the Year awarded to _____

Completed a Patriotic project with a school or Youth Group (Grades 1 - 12):

_____   _____   _____
(Name of Project)   (School or Youth Group)   (City)

Donations to Patriotic Charities (sample charities can be found at https://kofcmidistrict1.org/resources.php)
Donation 1:_____   Date:_____   Check # and Amount:_____
Donation 2:_____   Date:_____   Check # and Amount:_____
Donation 3:_____   Date:_____   Check # and Amount:_____

Signed: _____   Date: _____
Navigator

Mail or email original to: Master, Michigan District #1

Copies to: Navigator and Assembly File