



KNIGHTS OF COLUMBUS
MASSACHUSETTS STATE COUNCIL

NOMINATION FOR THE 20__ BISHOP MINIHAN AWARD

APPLICATION MUST BE RECEIVED AT STATE OFFICE BY APRIL 15th

(Please type or print)

Name of Nominee: _____

Address: _____

Date Entered Knights of Columbus: _____ Through Council No.: _____

Council offices held (give dates for each): _____

Other positions held in the Knights of Columbus (give dates for each): _____

In the space below give a detailed, but concise, statement of the action upon which the nomination is based. Use the reverse side if necessary, or additional sheets. (Please submit supporting information or documentation to assist the committee in its decision.)

This is to certify that the nomination of the above named member of this Council was approved by a majority of the members present and voting at a regular meeting held on:

Date: _____

Signature of Grand Knight

Council Name: _____

No. _____