



Wisconsin State Council
Nomination Form
 Medallion Award
 for
 Distinguished Service



_____ Council No. _____ of _____
Name of Council Council City

Wisconsin, in the Diocese of _____ hereby submits to the Medallion Award Committee of the Wisconsin State Council Knights of Columbus, the name and qualifications of the following Brother Knight, as a nominee for the Knights of Columbus Medallion Award for the year 20 _____

Name of Nominee _____	Date of Birth _____
Address _____	Telephone () - _____
City _____ State _____	Zip Code _____ - _____

Please review form in its entirety for familiarization prior to actual reporting.
 Type or print only

Submitted by the nominating committee:

Signed _____	Chairman
_____	Grand Knight
_____	Chaplain (if possible)
_____	Financial Secretary
_____	Committee Member (optional)
_____	Committee Member (optional)

Any questions relative to the nomination process should be directed to the Medallion Committee Chairman.

Deadline for nominations is February 15th. Completed forms should be mailed to:

Medallion Committee
 Wisconsin State Council K of C
 4297 W. Beltline Hwy.
 Madison, WI 53711

I. Length of Membership _____ **Years**

II. Contributions to Columbianism

A. Positions Held

**Council Level
Number of Years**

Grand Knight	_____
Deputy Grand Knight	_____
Chancellor	_____
Recorder	_____
Treasurer	_____
Advocate	_____
Warden	_____
Guard	_____
Trustee	_____
Financial Secretary	_____
Lecturer	_____

B. COUNCIL COMMITTEES SERVED ON:

**Number of Years
Chairman**

**Number of Years
Committee**
(exclude years served as chairman)

Round Table	_____	_____
Vocations	_____	_____
Charity	_____	_____
ID/Tootsie Roll	_____	_____
Pro-Life	_____	_____
V.A.V.S.	_____	_____
Membership/Retention	_____	_____
Family	_____	_____

B. COUNCIL COMMITTEES SERVED ON: (Cont)

**Number of Years
Chairman**

**Number of Years
Committee**
(exclude years
served as chairman)

Council Bulletin

History Book

Historian

Medallion

Bowling

Golf

Softball

Punt/Pass/Kick

Christmas Poster

Knowledge

Free Throw

Essay

Squires (Counselor)

Form Circle

Other

Other

Other

Other

MEMBERSHIP

Number of New Members Recruited

Number Reinstated or Readmitted

CEREMONIALS

Position Held

Number of Years

1st Degree

2nd Degree

3rd Degree

4th Degree

C. AWARDS

Number of Years

Columbian Award as Grand Knight

**

Founders Award as Grand Knight

**

Father McGivney Award as Grand Knight

**

Star Council as Grand Knight

Complete Council Award as Grand Knight

State Deputy Trophy as Grand Knight

Knight of the Month

Knight of the Year

Family of the Month

Family of the Year - Council

Family of the Year - Diocesan

Family of the Year – State

Miscellaneous Supreme Council Award as Grand Knight

Other/Specify _____

Other/Specify _____

**Do not include if earned with Star Council

D. STATE - DIOCESAN - DISTRICT LEVEL

Position Held

Number of Years

District Deputy _____

Star District _____

New Council, Number Started _____

 Involvement in Council start up _____

Old Councils, Number Reinstated _____

 Involvement in Council start up _____

State Director – Name of Program _____

Diocesan Director – Name of Program _____

Assistant Director – Name of Program _____

Convention Chairman _____

Convention Committee/Name _____

Delegate/State Convention _____

Delegate/Supreme Convention _____

Other/Specify (if more room is need include on back of this sheet) _____

E. FOURTH DEGREE INVOLVEMENT

Number of years

Number of Years in 4th Degree _____

Faithful Navigator _____

Faithful Comptroller _____

Faithful Captain _____

Faithful Admiral _____

Faithful Purser _____

Faithful Scribe _____

Faithful Sentinel _____

Faithful Trustee _____

Honor Guard Member _____

Other/Specify _____

III. PARISH - SCHOOL - DIOCESE

Positions Held	Number of Years
Permanent Deacon	_____
Eucharistic Minister	_____
Lector	_____
Usher	_____
Choir Member	_____
Parish Pastoral Council	_____
Officer/ Trustee/ Name of Office _____	_____
Other – Name of Position _____	_____
Diocesan Pastoral Council	_____
Son or Daughter as Priest or Religious	_____
Membership on Committee or Ministry – Specify _____	_____
Award/Commendation - Please Specify (if more room is need include on back of this sheet)	_____
_____	_____
Other / Specify _____	_____
_____	_____
Other / Specify _____	_____

IV. COMMUNITY - STATE - NATION

Position Held	Number of Years
Any Elected Position	_____
Mayor - County Executive - Town Chairman	_____
Alderman - Councilman - County Supervisor	_____
Other Elected Position / Name Other _____	_____
Volunteer Activity / Name _____	_____
Other Civic Involvement / Name _____	_____
Other Civic Involvement / Name _____	_____
Other Civic Involvement / Name _____	_____
Number of Years Involved Military Service	_____
Combat	_____

IV. COMMUNITY - STATE – NATION(cont.)

Awards, Citations, Recognition earned for any of the above in Category IV. Name & describe.
(if more room is need include on back of this sheet)

V. GENERAL

Describe additional reasons for consideration which may not be covered in other areas of the nomination form.

Please use separate sheet(s) of paper and type or print legible.

VI. TESTIMONIALS

(Total)

Letters

Pictures

Other

VII. PICTURE

Include a passport quality photo of nominee suitable for publication