



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

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
Committee**

**Number of Years
Chairman**

- Round Table _____
- Vocations _____
- Charity _____
- MH/Tootsie Roll _____
- Pro-Life _____
- V.A.V.S. _____
- Membership/Retention _____
- Family _____
- Council Bulletin _____
- History Book _____
- Historian _____
- Medallion _____

B. COUNCIL COMMITTEES SERVED ON: (Cont)

	Number of Years Committee	Number of Years Chairman
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

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	_____	
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	_____
Old Councils, Number Reinstated	_____
State Director - Name of Program	_____
Chairman/Coordinator	_____
Committee Member	_____
Diocesan Director - Name of Program	_____
Chairman/Coordinator	_____
Committee Member	_____
Convention Committee / Name	_____
Convention Chairman	_____
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 Pilot	_____
Faithful Scribe	_____
Faithful Sentinel	_____
Faithful Trustee	_____
Honor Guard Member	_____
Other / Specify	_____

III. PARISH - SCHOOL - DIOCESE

Positions Held	Number of Years
Permanent Deacon	_____
Officer / Trustee / Name Office	_____
Eucharistic Minister	_____
Lector	_____
Usher	_____
Choir Member	_____
Parish Pastoral Council	_____
Diocesan Pastoral Council	_____
Son or Daughter as Priest or Religious	_____
Membership on Committee or Ministry	_____
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
Elected Position	_____
Mayor - County Executive - Town Chairman	_____
Alderman - Councilman - County Supervisor	_____
Other Elected Position / Name Other	_____
Volunteer Activity / Name	_____
Number of Years Involved	_____
Other Civic Involvement / Name	_____
Other Civic Involvement / Name	_____
Other Civic Involvement / Name	_____
Number of Years Involved Military Service	_____
Combat	
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