

APPLICATION

THE MARGARET MARY J. MANGAN AWARD
JULY 1, 2017 – JUNE 30, 2018

Name of Auxiliary _____

Auxiliary # _____

City & State _____

Year Instituted _____

President's Name _____

President's Address _____

President's E-Mail Address _____

Telephone # _____

1. MEMBERSHIP GROWTH

Eligibility for membership growth would include how many members in your auxiliary as of July 1, 2017 to June 30, 2018. If you have an increase in membership indicated as of June 30, 2018, you have then met the eligibility requirement. (Excluding transfers and deaths)

- a. Number of members in your Auxiliary as of July 1, 2017 _____
- b. **Number of new first degree member in your auxiliary** _____
- c. Number of members in your Auxiliary as of June 30, 2018 _____
- d. **Does a delegate/alternate attend your state convention?** _____

2. SUPPORT TO YOUR SPONSORING KNIGHTS OF COLUMBUS COUNCIL

List three (3) different activities your Auxiliary participated in with your Brother Knights. (Attending parties is not considered an activity nor is a joint installation) Give a brief and specific description.

Date _____

Number of Members taking part _____

Activity _____

Date _____

Number of Members taking part _____

Activity _____

Date _____

Number of Members taking part _____

Activity _____

Signature of Grand Knight/Coordinator/Liaison

3. **RELIGIOUS ACTIVITIES**

List three (3) different activities that were completed by the membership.
(No Degrees, Wakes, Cleaning or Decorating the Church or making monetary donations
will be accepted) Give a brief and specific description.

Date _____

Number of Members taking part _____

Activity _____

Date _____

Number of Members taking part _____

Activity _____

Date _____

Number of Members taking part _____

Activity _____

4. **CHARITABLE ACTIVITIES** – List two (2) activities that your Auxiliary
participated in. Specifically designate how the Auxiliary participated in the activity.
(Please specify where or for whom.)

Date _____

Number of Members taking part _____

Activity _____

Monetary Donations _____ or Hours Volunteered _____

Date _____

Number of Members taking part _____

Activity _____

Monetary Donations _____ or Hours Volunteered _____

5. COMMUNITY ACTIVITIES

List two (2) activities that your Auxiliary participated in. Give a brief and specific description.

Date _____

Number of Members taking part _____

Activity _____

Date _____

Number of Members taking part _____

Activity _____

6. YOUTH ACTIVITIES

List one (1) Auxiliary activity involving/working with or for the youth that your membership participated in. Give a brief and specific description.

Date _____

Number of Members taking part _____

Activity _____

****There should be no duplication of activities per section**