Form SO-11 - Application for Trillium Award



Council Name			
Number			
Location			
District			
	cil has met the following criteria for the State Council's Trillium AwardB Silver (5 mandatory and 8 electives), or Gold (5 Mandatory and all the elec		•
↓ Mandatory requirements ↓	Y None and December sudite	′ES	NO
Council must have completed the	June and December audits		
Report of Council Officers (Form 1	185) due at State Office by July 1st		
Report of Service Program Persor	nnel (Form 365) due at State Office by August 1st		
Fraternal Survey Report (Form 17:	28) due at State Office by January 31st		
Set up and/or Maintain a Retention	n Committee (GK & Trustees)		
	ed 6 to qualify for Trillium award) ↓ nument for the unborn or other Pro-Life program		
Participated in the Family Hour of or other Church programs	Prayer Program, vocation program, RSVP, establishment of a Parish Round Table		
	row or Hockey Challenge or Soccer Challenge		
Participated in the K of C charities	raffle		
Has Increased or will be increasing formation of a new Council since	g membership by 2.5% by March 1st, as per Supreme report, or has assisted in the July 1st		
Participated in the Substance Abus Squires Circle, or actively supports	se Awareness Poster Contest, or Youth Leadership Camp, or sponsorship of a s an alternative youth program		
Participated in the Family Recogni family event	ition Function of Family of the Month or Family of the Year, or conducted a social		
Participated in a Seniors' program	or widows program or similar activity for seniors		
Has increased or will increase insugram by a Field Agent/General Ag	ured members by 2.0% by March 1st as per Supreme report or has insurance pro- lent at a general meeting		
Actively supports, financially or oth registered charity in the province of	herwise, the Arthritis Society (other than Ontario K of C Charities Raffle) or another of Ontario		
	Must be submitted by March 15th to	o Stat	te O
District Deputy's initials	Grand Knight's Initials		