



KNIGHTS OF COLUMBUS SHINING ARMOR AWARD PROGRAM QUALIFICATION FORM
COLUMBIAN YEAR _____

Name: _____

Membership Number: _____

First Degree Date: ____/____/____

Third Degree Date: ____/____/____

New Member's Name: _____

Membership Number: _____

Date of First Degree: ____/____/____

If the Shining Armor Award qualifier is qualifying under the Existing Member Program (sponsoring two new members), please provide the following information for the second new member sponsored:

New Member's Name: _____

Membership Number: _____

Date of First Degree: ____/____/____

The following information is required in order to be eligible for appropriate recognition:

Council Number: _____

District Number: _____

District Deputy: _____

Chapter: _____

Supreme Insurance Field Agent: _____

Supreme Insurance General Agent: _____

Grand Knight's Printed Name: _____

Signature: _____

Date Submitted/Received/Presented: ____/____/____

Submit completed form to:

Ernesto J. Medel -Shining Armor Awards Program, Chairman

4909 Corona Ct., Union City, CA 94587-5538 | Phone: (510) 487-0511

Email: ejmedel@gmail.com