

# State Blessed Michael McGivney Award Council Nominee

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Submitter's Name: \_\_\_\_\_ KofC Council Role \_\_\_\_\_

Council Number: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

In connection with the International Program Awards Contest sponsored by the Supreme Council office, the following Chaplain is the nominee named by my council:

## **CHAPLAIN INFORMATION:**

Council Number: \_\_\_\_\_

Chaplain to be recognized: \_\_\_\_\_ How long has he been a priest? \_\_\_\_\_

Chaplain's Member Number: \_\_\_\_\_ Years as KofC Chaplain: \_\_\_\_\_

Other Positions Held? (Write N/A if none) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **AWARD SUBMISSION:**

1. In less than 250 words, please answer how your chaplain is:

- a teacher of the faith
- an apostle of Christian family life
- a devoted parish priest
- an exemplar of charity
- a builder of Catholic fraternity
- role model to your Parish



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2. Please add or attach other reasons why your chaplain should be considered for this award (if none write n/a)

**GRAND KNIGHT ATTESTATION:**

Grand Knight Signature: \_\_\_\_\_

**Each council must complete this report form and forward it to the state council.**