

ICC Chaplain of the Year

District No. _____ Council No. _____

Council Name _____ City _____

Grand Knight's name and phone number

A. Personal Data

Member's Name _____ Membership Number _____

Wife's Name _____ N/A _____ Home Address _____

Home Phone _____ Alternate Phone _____

Parish Name _____ Pastor Name _____ N/A _____

Parish Address and Phone

B. Knights of Columbus Data

Nominated by council (name & number) _____

City _____

How many years has Chaplain been a Knight? _____ Date Joined _____

Positions (officers/program directorships/ chairmanships/ committee assignments) held: N/A

C. Knights Activities and Qualification Data

Along with this form, please submit Chaplain of the Year nomination in written form cb'Ĥ Y'bYI ĥ

dU Y" IN FULL DETAIL YOU MUST INCLUDE THE FOLLOWING IN YOUR "WRITE UP"

- Why does your Chaplain deserve the distinction of being named State Knights of Columbus Chaplain of the Year?

- Explain the Chaplain's involvement with your Council, Parish, and Community.

- A photo should accompany the Chaplain of the Year nomination.

Please remember to make a copy of the completed form to keep for your files before you send it. **Send copy to State Program Director & State Faith Director — DUE MARCH 1.**

