Knights of Columbus
INDIANA STATE COUNCIL

TIMOTHY P. GALVIN K.S.G.
OUTSTANDING CATHOLIC LAYPERSON AWARD
(Please Print or Type)

Council Number __________
submits the following nominee for the Timothy P. Galvin K.S.G. Outstanding Catholic Layperson Award:

Name: ___________________________________________________________

Address: __________________________________________________________________________

Age: _____  Marital Status: _____ Married  _____ Single  PHONE ______________________________
If Married:  Spouse's Name ______________________________________________
            Number of Children ______

Nominee's Occupation: _____________________________________________

Parish: ___________________________________________________________

Name and Address of Pastor: ________________________________________

Is nominee a member of the Knights of Columbus? ______ Yes ______ No.
(The nominee must be an Indiana K of C member, or the wife, daughter, sister, or mother of a member)
If yes, his Council number and name: _______________________________________

List the organizations to which the nominee belongs and the qualifications that would entitle the nominee to be selected Outstanding Catholic Layperson of the Year. Use an additional page if necessary.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

If possible, submit a letter of recommendation from the nominee's pastor.

Signed: ____________________________________________  Council Number: ______________________

(Grand Knight)

SUBMIT TO:  Indiana State Faith Director
COPIES TO:  District Deputy
            Council Files

This form is available online at www.indianakofc.org/forms

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