

IN-OCY1



Knights of Columbus INDIANA STATE COUNCIL

DUE BY: Feb. 28
To State Youth Dir.

OUTSTANDING CATHOLIC YOUTH SCHOLARSHIP APPLICATION

(Please Print or Type. Use additional pages as necessary.)

Council Number _____ submits the following nominee for the Outstanding Catholic Youth Award:

Nominee Information:

Name: _____

Address: _____

_____ PHONE _____

School: _____

Parish: _____

Father's Full Name: _____

Father's Occupation: _____

Mother's Name: _____

Mother's Occupation: _____

Number of Brothers: _____ Number of Sisters: _____

Parents' Address (if different from nominee's): _____

Application Requirements:

This application cover sheet has information on front and back – please remember to provide information satisfying application requirements on **both sides**. Provide the following information and attach this cover-sheet for submission.

Please include nominee's photograph.

II. SPIRITUAL, CHURCH AND PARISH INFORMATION

Please list and describe the works and accomplishments of your nominee within the structure of the nominee's parish organizations.

Please list and describe the nominee's Spiritual and Corporal Works of mercy, how these works benefit the spiritual welfare of those around the nominee, and how their performance has affected the nominee spiritually.

II. SCHOOL

Scholastic Grade Average: 9th _____ 10th _____ 11th _____ 12th _____

Current Class Rank: _____ out of _____ students in the 12th grade.

Please include a copy of the nominee's high school transcript.

[continued on next page]

Please indicate the effect and impact your candidate has had upon the nominee's school, administration, teachers, counselor, and students.

Please list the clubs and organizations to which the nominee belongs and the offices held (if any). List athletic activities in which the nominee has participated.

III. CIVIC AND COMMUNITY

Please list and describe all of the civic and community activities in which your nominee has participated during the nominee's high school years, including summer activities. Indicate the effect and impact these activities have had on the community.

IV. RECOMMENDATIONS

The following letters of recommendation should be attached to this form:

1. A letter from the nominee's Pastor, Associate Pastor, or CCD Coordinator.
2. A letter from the nominee's school administrator, counselor, or dean of students.
3. A letter from the sponsoring Council's Grand Knight or Youth Director.
4. Letters from other interested persons within the nominee's parish, school and/or community.

V. AUTOBIOGRAPHICAL SKETCH AND GENERAL INFORMATION

You have been nominated by your local Knights of Columbus Council for the Outstanding Catholic Youth Award of the Indiana Knights of Columbus. Please provide a personal assessment of yourself and a brief sketch of your family. Feel free to express your personal wants and desires for the present and the future, along with your plans for the future. Please comment on your nomination.

V. SUBMISSION

Mail the completed application along with all letters of recommendation to the Indiana State Council Youth Director

Signed _____
(Nominee)

Signed _____ Council Number _____
(Grand Knight)

Signed _____
(Council Youth Director)

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SUBMIT TO: State Youth Director

COPIES TO: District Deputy
Council Files