



*Knights of Columbus*  
INDIANA STATE COUNCIL



**OUTSTANDING CATHOLIC YOUTH AWARD**

*(Please Print or Type)*

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

Name: \_\_\_\_\_

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

\_\_\_\_\_

Nominee's School: \_\_\_\_\_

Nominee's Parish: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_

Parent's Address (If different from nominee's): \_\_\_\_\_

\_\_\_\_\_

Please attach nominee's photograph below:

## **OUTSTANDING CATHOLIC YOUTH AWARD**

*(Please Print or Type. Use additional pages if necessary.)*

### **I. SPIRITUAL, CHURCH AND PARISH INFORMATION.**

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

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.

**OUTSTANDING CATHOLIC YOUTH AWARD**

*(Please Print or Type. Use additional pages if necessary.)*

II. SCHOOL

Scholastic Grade Average: 9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_ 12<sup>th</sup> \_\_\_\_\_

Please attach an official transcript of your nominee's high school record.

Current Class Rank: \_\_\_\_\_ out of \_\_\_\_\_ students in the 12<sup>th</sup> grade.

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

## OUTSTANDING CATHOLIC YOUTH AWARD

*(Please Print or Type. Use additional pages if necessary.)*

### 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. SUBMISSION

Mail the completed application along with all letters or recommendations to:

Scott Cunningham, State Youth Director  
4621 Brookshire Pkwy  
Carmel, IN 46033-3303

Signed \_\_\_\_\_  
(Grand Knight)

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

Signed \_\_\_\_\_  
(Council Youth Director)

## **OUTSTANDING CATHOLIC YOUTH AWARD**

*(Please Print or Type. Use additional pages if necessary.)*

### VI. 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.

Signed \_\_\_\_\_  
(Nominee)