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.
Individual award entries must be forwarded to the State Council office by March 31.