

Knights of Columbus



Louisiana State Council

Catholic Youth Leadership Award - Nomination Form

(check one)

_____ Boys' Division

_____ Girls' Division

NOMINATING COUNCIL # _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____ PHONE: _____

E-MAIL ADDRESS: _____

FATHER'S NAME: _____ MOTHER'S: _____

CHURCH PARISH: _____

HIGH SCHOOL: _____

RULES AND INSTRUCTIONS – PLEASE READ CAREFULLY

1. Only High School Seniors who are Practical Catholics are eligible.
2. If one or both parents are deceased, please indicate name of guardian or foster parent(s).
3. Every information area must be answered. Use the space provided on this form first and, if space is insufficient, you may attach one separate sheet, only. (It can be single spaced, one-inch margins, 12-point font, and front and back is allowed.)
4. Information to be entered on the form should be from the nominee's Junior and Senior years only. List the grade point average for each year called for.
5. Part VIII-B (Page 6) is to be completed by Principal, Counselor or Pastor.
6. Nomination form must be signed by the nominee's Pastor and the Grand Knight of the Council submitting the nomination.
7. **IT IS PREFERABLE THAT YOU USE THE ONLINE INTERACTIVE FORM FOUND AT www.louisianakc.org. CLICK ON THE CYLA MENU LINK TO OPEN THE FORM. YOU CAN FILL ALL SPACES AND THEN PRINT A HARD COPY. IT WILL BE NEATER, AND ALLOW YOU TO INPUT MAXIMUM INFORMATION. IF YOU MUST FILL OUT A PAPER FORM, THEN PLEASE PRINT OR TYPE. LEGIBILITY IS VERY IMPORTANT. THE GRAND KNIGHT OF YOUR COUNCIL CAN ASSIST YOU.**
8. NO DUPLICATION OF THE COMPLETED FORM IS ACCEPTED – TURN IN THE ORIGINAL ONLY WITH ALL REQUIRED SIGNATURES ON PAGE 6 COMPLETED.

I. SPIRITUAL ACTIVITY

A. CHURCH PARISH ACTIVITY:

B. Describe participation in spiritual life of the Church Parish, such as Alter Server, Lector, Eucharistic Minister, Usher, C.C.D., Columbian Squires, Knights of Columbus, CDA, Squirettes, etc. Give length of service and office held.

Junior Year

ORGANIZATION	LENGTH OF SERVICE	OFFICE HELD

Senior Year

ORGANIZATION	LENGTH OF SERVICE	OFFICE HELD

C. Other Spiritual activity such as school-related ministries, special events attended retreats, bible school, etc.

Junior Year

ORGANIZATION	LENGTH OF SERVICE	OFFICE HELD

Senior Year

ORGANIZATION	LENGTH OF SERVICE	OFFICE HELD

II. SCHOLASTIC ACHIEVEMENT

A. Please list grade point average for nominee as a:

Freshman:__ Sophomore:__ Junior:__ Senior:__

B. List scholastic groups or honors awarded and any office held, such as Honor Society, BETA Club, Band, Debate Team, Year Book Staff, Awards, etc.

Junior Year

ORGANIZATION	HONORS	OFFICE HELD

Senior Year

ORGANIZATION	HONORS	OFFICE HELD

III. CIVIC-COMMUNITY ORGANIZATIONS

A. List organizations and service related clubs, honors, awards, and offices that you have held.

Junior Year

ORGANIZATION	HONORS	OFFICE HELD

Senior Year

ORGANIZATION	HONORS	OFFICE HELD

IV. ATHLETIC ACTIVITY

Junior Year

ACTIVITY	AWARDS	HONORS	ELECTED POSITION

Senior Year

ACTIVITY	AWARDS	HONORS	ELECTED POSITION

V. SOCIAL ACTIVITY
A. SCHOOL BASED ACTIVITIES

Junior Year

ACTIVITY	HONORS	ELECTED POSTION

Senior Year

ACTIVITY	HONORS	ELECTED POSTION

VI. SOCIAL ACTIVITIES NON-SCHOOL RELATED

Junior Year

ACTIVITY	HONORS	ELECTED POSTION

Senior Year

ACTIVITY	HONORS	ELECTED POSTION

**VII. LIST ANY ACTIVITIES THAT YOU HAVE NOT MENTIONED
SPECIAL EVENTS, RECOGNITION, AWARDS NOT MENTIONED, ETC.**

Junior Year

Senior Year

VII GENERAL INFORMATION

A. Please indicate nominee plans after high school graduation, college planning to attend, subject major, as well as any other present plans.

B. THIS SECTION TO BE COMPLETED BY PRINCIPAL, COUNSELLOR, AND/OR PASTOR. Please comment on nominee's personality and leadership qualities and how nominee relates to peers as well as to adults. List any other endeavors and /or achievements of the nominee not already reported.

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REQUIRED SIGNATURES

STUDENT'S SIGNATURE

Student's Church Parish

Signature of Pastor or Associates

Signature of Principal or Counselor

Signature of Grand Knight of Nominating Council

Nominated by Council: _____

Nominating Council's Church Parish

Signature of Grand Knight of Council Serving the Student's Church Parish (if different from nominating Council's church parish) Council Number: _____

(Send to AREA COORDINATOR)

Before mailing this nomination form, please check the following items:

- 1. Review entire form to see that ALL sections are completed.**
- 2. Make sure that all required signatures are on nomination form.**
- 3. Make sure the nominating KC Council Number is listed on the form.**
- 4. NOTE THAT ALL SIX PAGES ARE INCLUDED.**