



**KNIGHTS OF COLUMBUS**  
**IOWA**  
**STATE COUNCIL**  
**RELIGIOUS OF THE YEAR**  
**NOMINATION**



**THIS REPORTING FORM MUST BE COMPLETED BY EACH COUNCIL AND FORWARDED TO THE STATE COUNCIL.**

Nominees Name: \_\_\_\_\_ Has been selected for Religious of the Year by  
Council # \_\_\_\_\_ in the City of \_\_\_\_\_

This person is (please check one)

Deacon \_\_\_\_\_ Religious Brother \_\_\_\_\_ Religious Sister \_\_\_\_\_

This person is a brother Knight (please check one)

Yes \_\_\_\_\_ No \_\_\_\_\_

Official Position this person holds (e.g.: pastoral associate, teacher, etc...)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Council is nominating this person for their extra-ordinary service to the community, a parish, or your council. Please list your reasons including specifics.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our Council has honored this individual with a local award or religious recognition night.  
(Please check one.)

Yes \_\_\_\_\_ No \_\_\_\_\_ Planned Date \_\_\_\_\_

**Signed:** \_\_\_\_\_  
(Grand Knight)

**DO NOT SUBMIT THIS REPORT FORM TO THE SUPREME COUNCIL**

This award will not be presented at the State Convention, rather it will be forwarded to the nominating council to be awarded locally.

**Deadline: March 15<sup>th</sup>**

**Awards will be determined on March 15<sup>th</sup>. Any forms received after that date will not be considered.**

Please use back side of this form if you need more room for comments.

**Mail form to State Church Chairman:**

**Michael T. Lause**  
**100 Northview Dr.**  
**Waukee, IA 50263-9768**

