**KNIGHTS OF COLUMBUS**

# IOWA
# STATE COUNCIL
# DIOCESAN CHAPLAIN OF THE YEAR
# NOMINATION

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

City: _____ Council #: _____ Has nominated our Chaplain
Rev. _____ from the Diocese of _____
for Diocesan Chaplain of the year. Address _____
City: _____ State _____ Zip Code _____
Area Code and Telephone _____

Attends Council Meetings Yes or No
Active in Council Meetings Yes or No
Other _____
Other _____

PLEASE EXPLAIN HERE WHAT IMPACT THIS CHAPLAIN HAS HAD ON THIS COUNCIL AND WHY HE SHOULD BE CHOSEN AS CHAPLAIN OF THE YEAR

**Signed:** _____
(Grand Knight)

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

**Deadline: March 15th**

**Mail form to State Program Director**

**Terry R. Herrman**
**2819 Arbor Street**
**Ames, IA 50014-7401**

**Additional Comments:**