



KNIGHTS OF COLUMBUS

**IOWA
STATE COUNCIL
YOUTH OF THE YEAR
NOMINATION**



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

Youth's Name: _____ has been selected for Youth of the Year by
Council # _____ in the City of _____

Father's Name: _____ Mother's Name: _____

Brothers and Sisters Names:

Address: _____ City: _____ State: _____ Zip Code _____

Nominee's Area Code & Telephone: _____

Grand Knight's Name: _____ Area Code & Telephone: _____

Church		School	
		Circle Grade Level	
		9 – 10 – 11 – 12	
Ushering	Yes or No	CCD Instructor	Yes or No
Choir	Yes or No	Class Officer	Yes or No
Lecturer	Yes or No	Speech Class	Yes or No
Altar Server	Yes or No	Drama Class	Yes or No
Lay Distributor	Yes or No	Crossing Guard	Yes or No
Organist	Yes or No	Band / Orchestra	Yes or No
Song Leader	Yes or No	Sports	Yes or No
Other _____		Cheerleader	Yes or No
Other _____		Other _____	
		Other _____	

Community and Other Special Interests

Signed: _____
(Grand Knight)

DO NOT SUBMIT THIS REPORT FORM TO THE SUPREME COUNCIL

Deadline: February 15th

Mail form to State Program Director

**John L. Beckman
15351 Pheasant Dr
Council Bluffs, IA 51503-5818**

