**Deacon of the Year**

**The following award form must be completed and emailed/postmarked no later than February 15th, 2020**

**The completed form is to be emailed to** ***awards@iowakofc.org*****or mailed to:**

**Mike Tigges**

**Iowa Knights of Columbus**

**1433 NW 102nd St. Clive, IA 50325**

**All questions concerning the completion and/or submission of this form are to be directed to Mike Tigges, Awards Chairman, via phone (515-480-8645) and/ via email (****awards@iowakofc.org****).**

**Please include pictures, other testimonials, and any additional information. Pictures are best sent electronically to** **awards@iowakofc.org****.**

**DO NOT SUBMIT THIS AWARD FORM TO THE SUPREME COUNCIL.**

|  |  |
| --- | --- |
| Council Number, Name, and Location |  |
| Name of Grand Knight |  |
| Address |  |
| City/State/Zip |  |
| Email |  |
| Telephone |  |
|  |  |
| Name of Deacon |  |
| Deacon in the (Arch)Diocese of |  |
| Parish |  |
| Address |  |
| City/State/Zip |  |
| Email |  |
| Telephone |  |
| Name of Deacon’s Wife (if applicable) |  |
|  |  |
| Attends Council Meetings | YES |  | NO |  |
| Active in Council Meetings | YES |  | NO |  |
| Participates in Council Activities | YES |  | NO |  |
|  |  |

This award is based on the service of the Deacon to his (Arch)Bishop, parish, the Knights of Columbus, and the community as a whole. Using this criterion, provide a narrative as to why he should be selected.