

2017-2019 "In His Honor"
Ohio State General Program

Ohio State Council Knights of Columbus

NOMINATION FOR YOUTH OF THE YEAR

Council #: _____
Council Name: _____
Nominee: _____
Address: _____
City/Zip _____
Telephone: _____
Parents: _____

Diocese: _____
Nom. Parish: _____
Address: _____
Pastor's Name: _____
Telephone _____

Church Activities:

School Activities:

Community Activities:

Reasons for Nomination:

Submitted By Grand Knight: _____ **Telephone:** _____

Send this form with supporting documents to: ⁵⁰

DUE APRIL 1

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