Connecticut State Council
Knights of Columbus
Grand Knight of the Year
Nomination Form

Submitted by District Deputy: _____

Name of Nominee: _____
(Last) (First) (Initial)

Address of Nominee: _____
(City) (State) (Zip)

Council #: _____ Council Location: _____

(In the space below, please provide detailed reasons for the nomination including all qualifications, and any appropriate background information. Attach additional pages if necessary.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____
(District Deputy Signature / Date)

Deadline March 1 - Mail completed form to Connecticut State Deputy