# Connecticut State Council
# Knights of Columbus
## Youth of the Year Nomination Form

(Only individuals 18-years old and younger will be considered for this award)

Submitted by Council #_____ City/Town:_____

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

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

Age of Nominee: _____School of Nominee:_____

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

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(Grand Knight Signature / Date)

Deadline March 1 - Mail completed form to Connecticut State Deputy