**Diocesan Chaplain of the Year**

**The following Award Form must be completed and emailed/postmarked no later than February 15th.**

**The completed form is to be emailed to** [***awards@iowakofc.org***](mailto: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**](mailto:awards@iowakofc.org)**).**

**Please include pictures, other testimonials, and any additional information. Pictures are best sent electronically to** [**awards@iowakofc.org.**](mailto:awards@iowakofc.org)

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

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| Council Number, Name, and Location |  | | | |
| Name of Grand Knight |  | | | |
| Address |  | | | |
| City/State/Zip |  | | | |
| Email |  | | | |
| Telephone |  | | | |
|  |  | | | |
| Name of Chaplain |  | | | |
| Priest in the (Arch)Diocese of |  | | | |
| Parish/Parishes |  | | | |
| Address |  | | | |
| City/State/Zip |  | | | |
| Email |  | | | |
| Telephone |  | | | |
|  |  | | | |
| Attends Council Meetings | YES |  | NO |  |
| Active in Council Meetings | YES |  | NO |  |
| Participates in Council Activities | YES |  | NO |  |
|  |  | | | |

What impact has this Chaplain made to his Council and the Knights of Columbus as an Order?

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Why should this Chaplain be chosen as the Diocesan Chaplain of the Year?

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