

STATE COUNCIL USE

ID# \_\_\_\_\_

**OUTSTANDING YOUNG MAN / WOMAN OF THE YEAR NOMINATION (circle one)**

SUBMITTED BY: \_\_\_\_\_

COUNCIL # \_\_\_\_\_

**NOMINEE DATA:**

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_ GRADE (yr) \_\_\_\_\_

NOTE: Any eighth through twelfth student whose parent(s) or guardian(s) is/ are registered member(s) of any Virginia parish may apply for Outstanding Young Man/Woman of The Year \_\_\_\_\_

**PARENTS NAME:**

FATHER: \_\_\_\_\_

MOTHER: \_\_\_\_\_

PARISH AFFILIATION: \_\_\_\_\_

NOTE: Outstanding Young Man/Woman of the Year applicant's parents may be registered member(s) of any Virginia parish and students may be in eighth through twelfth grade. Scholarship applicant's parents must be registered member(s) of St. Mary's Catholic Church. \_\_\_\_\_

GRAND KNIGHT \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE FOLLOW THESE GUIDELINES FOR OUTSTANDING YOUNG MAN / WOMAN OF THE YEAR. NOMINEES SHOULD BE IN HIGH SCHOOL AND EACH COUNCIL MAY SUBMIT BOTH A YOUNG MAN AND YOUNG WOMAN NOMINEE. COMPLETE SECTIONS 1 THROUGH 6 BELOW AS THOROUGHLY AS YOU CAN WITH AS MUCH DETAIL AS POSSIBLE. NARRATIVE INPUT IS DESIRED IN SECTION 1 WHILE BULLETED CONTENT IS PREFERRED IN OTHER SECTIONS. NOMINEE RESUMES MAY BE ATTACHED BUT ARE NOT REQUIRED. ANY QUESTIONS BY THE APPLICANTS ARE TO BE SENT TO GERRY ALDERMAN, [glapfa@verizon.net](mailto:glapfa@verizon.net)

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**YOUNG MAN / WOMAN OF THE YEAR  
VIRGINIA STATE COUNCIL**

1. PROVIDE AN OVERALL INTRODUCTION TO THE NOMINEE, WHICH MAY HIGHLIGHT ANY PARTICULARLY OUTSTANDING CONTRIBUTIONS FURTHER ELABORATED ON IN THE BELOW SECTIONS.: (Answer the question: why should this nominee be selected? Narrative Preferred)

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2. ACADEMIC PERFORMANCE: (Bulleted Content Preferred)

3. CIVIC, RELIGIOUS, AND CHURCH RELATED ACTIVITIES: (Bulleted Content Preferred)

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4. SCHOOL AND SPORTS RELATED EXTRACURRICULAR ACTIVITIES: (Bulleted Content Preferred)

5. SPECIAL ACHIEVEMENTS, AWARDS, OR RECOGNITION RECEIVED AS A RESULT OF ANY OF THE ABOVE ACTIVITIES: (Bulleted Content Preferred)

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6. FAMILY SUPPORT ACTIVITIES INCLUDING OBTAINING FAMILY SUPPORT IN ANY OF THE ANY OF THE ABOVE ACTIVITIES: (Bulleted Content Preferred)