



Catholic Charities Indianapolis  
**2017 Spirit of Service Awards**  
**Youth/Young Adult Nomination Form**  
(Please complete as thoroughly as possible.)

Nominee's Name: \_\_\_\_\_

Nominee's Spouse Name (if applicable): \_\_\_\_\_

Nominee's Current Address: \_\_\_\_\_

Nominee's Phone Numbers – Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Nominee's Email address: \_\_\_\_\_

Nominee's School: \_\_\_\_\_ Grade/Year: \_\_\_\_\_

Nominee's Place of Business (if applicable): \_\_\_\_\_

Nominee's Church Affiliation: \_\_\_\_\_

***Additional paper/supporting material may also be submitted but not to exceed two additional pages.***

Please briefly describe the nominee's distinguishing community service activities and accomplishments.

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Please indicate how the nominee's work is consistent with the mission of Catholic Charities Indianapolis.

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Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Telephone – Home or cell: \_\_\_\_\_ Work: \_\_\_\_\_

Your email address: \_\_\_\_\_

***Please return by January 20, 2017, via email to [vsperka@archindy.org](mailto:vsperka@archindy.org) or fax to 261-3375 (Attention Valerie Sperka). Thank you!***