



*NOMINATION FORM*

Date: \_\_\_\_\_ Your name: \_\_\_\_\_

Your phone number: \_\_\_\_\_ Your email: \_\_\_\_\_

Name of Nominee: \_\_\_\_\_ School: \_\_\_\_\_

Position: \_\_\_\_\_ Tenure: \_\_\_\_\_

Your relationship to person being nominated (i.e. co-worker, parent of student, supervisor, etc.):

\_\_\_\_\_

Please give examples of how nominee has met each listed Work of Heart criteria listed below:

Outstanding service at your school:
Modeling a Christian/Catholic example:
Going above and beyond for an individual student, family or community:

Additional comments:

Please initial your preference below:

\_\_\_\_\_ I prefer this nomination to be anonymous.

\_\_\_\_\_ I give my approval to post this nomination on The Catholic Foundation website and other external communication vehicles.

*Scan and email to [workofheart@catholicfoundation.com](mailto:workofheart@catholicfoundation.com) or fax to 972-661-0140*

*For questions please call 972-661-9792*

*THE CATHOLIC FOUNDATION*