



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 or fax to 972-661-0140

For questions please call 972-661-9792

THE CATHOLIC FOUNDATION