

**FLORIDA COUNCIL OF CATHOLIC WOMEN
OUR LADY OF GOOD COUNSEL
NOMINATION FORM - *ACTIVE AWARD***

PART 1 QUALIFICATIONS:

INVOLVEMENT – (Please list)

AFFILIATION:

DEANERY/DISTRICT:

DIOCESE:

FLORIDA COUNCIL OF CATHOLIC WOMEN:

NATIONAL COUNCIL OF CATHOLIC WOMEN:

COMMUNITY/OTHER:

PART II – Statement

In 100 words or less, please give a statement explaining why you're a/DCCW submits this person as a nominee for this Award.