Parish _____

Bishop's Award Nomination

Name:_____
Last First Middle Initial

Address:_____
Street City Zip

Title: Mr. Mrs. Ms. Miss Dr. Years in parish: _____

Basis for recommendation:_____

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Attach additional pages if needed.

Form must be accompanied by detailed curriculum vitae.

Individual must be a Catholic in good standing and, if married, validly married in the Church.

Parish staff or anyone compensated in any way is not eligible.

Date: _____ _____
Pastor's Signature

Recommendation form and curriculum vitae must be mailed by **December 1, 2011** to:
Bishop's Award, Diocese of Dallas, P.O. Box 190507, Dallas, TX 75219 or Faxed to 214-526-1743