The 2019 St. Vincent DePaul Top Hat Award

NOMINATION FORM

(Please print or type)

Date:

_____

Name of Vincentian, or Vincentian group, to be recognized:

_____

Please tell us, using one or both sides, why this person, or group of persons, should be recognized for the Top Hat Award. If an individual, include length of service as a Vincentian and tell us about any of his/her extraordinary service or efforts as a Vincentian over and above the norm. The purpose is not only to recognize an outstanding Vincentian or a Vincentian team, but to also to provide an example for others to follow.

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Person completing form: _____
Parish Conference:_____ Phone Contact:_____
How do you know the nominee:_____
Nominator's E-mail_____
Nominator's Phone Number_____
Nomination is due in SVDP Diocesan Office (psummers@columbuscatholic.org) by March 15, 2019. Thank You. Note: All information concerning the nominee must be included on the front and back of this form. No supplemental information or additional pages will be considered.