

## Ontario Provincial Council Of

## The Catholic Women's League of Canada

## **Social Justice Award**

Nomination Form (Please print in black ink)

Nominee's Name:	Tel:	Tel:	
Address:			
Parish:	Diocese:		
Respond 'yes' or 'no' to the following 4  1. A CWL member in good standing 2. A member in good standing of The Ontario?  3. A CWL member active at (parish, community?  4. Has the nominee demonstrated?  • exemplary leadership • generosity of spirit	for the past 5 years? ne Catholic Women's League of ( /diocesan/provincial/national) le	 Canada in the province of	
<ul> <li>Lived the mission of t</li> <li>Name the social justice issue that this r</li> </ul>	_		
References: 1. Candidate's Parish Priest:			
(Printed name) 2. Other reference:	(Signature)	(Date YYYY/MM/DD)	
(Printed name) <b>Signatures:</b> 1. Individual making the nomination	(Signature)	// (Date YYYY/MM/DD)	
(Printed name) 2. Parish President:	(Signature)	(Date YYYY/MM/DD)	
(Printed name) 3. Diocesan President:	(Signature)	(Date YYYY/MM/DD)	
(Printed name) 4. Provincial President:	(Signature)	(Date YYYY/MM/DD)	
(Printed name)	(Signature)	(Date YYYY/MM/DD)	
Provide the detailed paragra To be completed by the Social Justice Comp		ning why this is an ideal candidate)	
Nomination form complete: Yes No		No Date	