# St. Joseph Evangelization Network Application for

# Catholic Man of the Year 2024

Archdiocese of St. Louis, MO

Please submit nomination application by May 6, 2024. Call (636) 447-6000 if you have questions.

Parishes may nominate one or more men from various organizations: Knights of Columbus, St. Vincent DePaul, Legion of Mary, etc. Individuals may nominate, also.

Candidates must be practicing Catholic laymen in the Archdiocese of St. Louis who, as unpaid volunteers, contribute outstanding service to the Church and community in the humble, quiet spirit of Saint Joseph. An individual may be nominated every other year.

Please fill out the following application form and email the completed application form to

manofyearstl@saintjosephradio.net or mail to:

SJEN - St. Joseph Radio c/o Lu Cortese 20 Holder Ct. St. Charles, MO 63303

Along with your application, please include a digital photo in jpg format.

Forms may also be downloaded at: www.saintjosephradio.net.

The CMOY award dinner will be held on June 9, 2024.

A dinner reservation form is included as the last page of this nomination package.

The inspiration offered by those nominated for "Catholic Man of the Year" is truly a gift of inspiration to all of us. We can only imagine the number of lives that have been touched through their generosity and faith-filled contributions of time and talent for Almighty God and His Church.



## Catholic Man of the Year 2024

Dear Sponsor,

The Catholic identity of a man being nominated for the SJEN-Saint Joseph Radio Catholic Man of the Year (CMOY) is critical to the honor. Therefore, the Archdiocese of St. Louis has requested that we receive assurance of his good standing with the Church, both on a personal level and a public level. This is to be done by answering the questions, below. *The signature of his pastor on this form is confirmation of his good standing.* 

Thank you in advance for your assistance with this aspect of the nomination process.

Sincerely in Christ,

Lu Cortese, Executive Director SJEN-St. Joseph Radio

## Sponsor completes the brief questionnaire, below, and the first page of the application *prior to Pastor's approval*.

| Pastor's Signature:                               | Date:                       |  |
|---|-----------------------------|--|
| Sponsor's Signature:                              | Date:                       |  |
|   |                             |  |
| 4. Additional comments (optional):                |                             |  |
| 3. If married, is his marriage valid according to | the Church?                 |  |
| 2. Does he adhere to the faith and moral teachi   | ngs of the Catholic Church? |  |
| 1. How long have you (sponsor) known this no      | minee?                      |  |

Catholic Man of the Year Application

## Archdiocese of St. Louis, MO

| Please Print or Type      |   | -                     |                   |                      |                    |           |              |
|---------------------------|---|-----------------------|-------------------|----------------------|--------------------|-----------|--------------|
|                           |   |                       |                   |                      |                    |           |              |
|                           | Namo                                      | /as you would like to | soo it on the awa | rd cortificato)      |                    |           |              |
|                           | Name                                      | (as you would like to | See it on the awa | ru certificate)      |                    |           |              |
|                           |   | Stree                 | t Address         |                      |                    |           |              |
|                           |   |                       |                   |                      |                    |           |              |
|                           | City                                      |                       |                   | State                |                    | Zip       | Code         |
| Home phone                |   |                       |                   | Cell Phone           |                    |           |              |
|                           |   |                       |                   |                      |                    |           |              |
|                           |   | E-mai                 | il Address        |                      |                    |           |              |
|                           |   |                       |                   |                      |                    |           |              |
|                           | Parish                                    |                       |                   | Memb                 | Member Since       |           |              |
| Marital Status            |   | Name of Wife, if A    | Annlicable        |                      | Number of Children |           |              |
| Warter States             |   | Name of whie, if A    | тррисавіс         |                      |                    | TVAITIBET | or crimareri |
| Name of Sp                | Name of Sponsoring Parish or Organization |                       |                   | Phone Number         |                    |           |              |
|                           |   |                       |                   |                      |                    |           |              |
|                           |   | Sponso                | or's Name         |                      |                    |           |              |
|                           |   |                       |                   |                      |                    |           |              |
| Sponsor's: Address        | 5   |                       | Cit y             |                      | State              | Zip Coo   | le           |
|                           |   |                       |                   |                      |                    |           |              |
| Sponsor's: E-Mail Address |   |                       | Phone N           | Phone Number(s)      |                    |           |              |
| Cianaturos                |   |                       |                   |                      |                    |           |              |
| Signatures                |   |                       |                   |                      |                    |           |              |
|                           | Nominee                                   |                       | Date              |                      |                    |           |              |
|                           |   |                       |                   |                      |                    | •         |              |
|                           | Sponsor                                   |                       |                   | Date                 |                    |           |              |
|                           |   |                       |                   |                      |                    |           |              |
| Nominee's                 | s pastor must s                           | ign the preceedi      | ng torm tor sul   | omittal with this ap | opplicat           | ion.      |              |

(Please provide responses on separate sheets)

#### To be Completed by Nominee:

- 1. Current Services (Include names of organizations, clubs, activities, ministries, etc. and who is affected by your service, e.g. helping children, homeless, sick, etc.):
  - 1.1 Identify your current service record and activities for church, community, family, etc.
  - 1.2 List significant activities of the past five (5) years.
- 2. Service History beyond the past five (5) years (Include names of organizations, clubs, activities, ministries, etc. and who was affected by your service, e.g. helping children, homeless, sick, etc.):
  - 2.1 Past activities, Church/Community/Faith
  - 2.2 List significant activities of your life experiences.
- **3. General Questions** (We suggest filling out this part with your sponsor in an interview format. Tell us your story):
  - 3.1 Tell us what drives you to volunteer for God.
  - 3.2 What and/or who helped to form your moral and spiritual outlook on life?
  - 3.3 What and/or who motivates you to do the work that you do and to be in service?
  - 3.4 What do you think is the most important way to pass on the faith to future generations?

### To be filled out by Sponsor

Provide the reasons why you are nominating this man, including his unique qualities that make him a good Catholic Man of the Year candidate. Include any additional church, family, and personal information that would help the judges understand the qualities and virtues of your nominee — characteristics that exemplify those of St. Joseph: hard worker, protector, holy, just, defender of the faith, etc. These inputs can be very helpful for our judges to learn about the nominee.

#### Dinner Reservations for Catholic Man of the Year 2024

Hilton St. Louis Frontenac - 1335 South Lindbergh Blvd. - St. Louis, MO 63131

Join us Sunday June 9, 2024, 4-8 P.M., for the dinner honoring our Catholic Man of the Year Nominees. Please include family, friends, sponsor and others from your church and personal community for this wonderful, inspiring evening.

| Name of Parish or Nominee:   |                          |  |  |  |  |  |
|--|--------------------------|--|--|--|--|--|
| Contact person's name (to coordinate arrangements):  |                          |  |  |  |  |  |
| Contact person's phone number or email address:  |                          |  |  |  |  |  |
| Identify Friends and Guests Attending. Use separate sheet(s) for addition                        | onal names, if needed.   |  |  |  |  |  |
| Print names and phone numbers, including nominee. Mark: "V" for vegetarian; "G" for gluten free. |                          |  |  |  |  |  |
| No changes in these meal selections can be made the night o                                      | f the dinner             |  |  |  |  |  |
| 1  |                          |  |  |  |  |  |
| 2  |                          |  |  |  |  |  |
| 3  |                          |  |  |  |  |  |
| 4  |                          |  |  |  |  |  |
| 5  |                          |  |  |  |  |  |
| 6  |                          |  |  |  |  |  |
| 7  |                          |  |  |  |  |  |
| 8  |                          |  |  |  |  |  |
| 9  |                          |  |  |  |  |  |
| 10   |                          |  |  |  |  |  |
| We cannot guarantee any meals being served after 6:30  | PM.                      |  |  |  |  |  |
| Enclosed is \$ for tickets at \$100.00 per person. (Nominee's dinner is com                      | plimentary).             |  |  |  |  |  |
| Enclosed is \$ for youth (age 12 and under) tickets at \$50.00 per person.                       |                          |  |  |  |  |  |
| Enclosed is \$donation to help support SJEN-St. Joseph Radio (Thank You!!).                      |                          |  |  |  |  |  |
|  |                          |  |  |  |  |  |
| Pay by check, check no, made payable to SJEN-St. Joseph Radio, or pay by credit card             |                          |  |  |  |  |  |
| (circle which card type): VISA Master Card Discover American Express, or make reservation(s)     |                          |  |  |  |  |  |
| and pay from our website, www.saintjosephradio.net.  |                          |  |  |  |  |  |
| Card number  | Expiration date CVV Code |  |  |  |  |  |
| Print name as shown on card  |                          |  |  |  |  |  |
| Postal address City, State, Zip Code   |                          |  |  |  |  |  |
| Email address  |                          |  |  |  |  |  |
| Signature  | Date                     |  |  |  |  |  |
| (Do not F-mail credit card information.)   |                          |  |  |  |  |  |

Dinner reservations with payment are due no later than May 28, 2024. Mail this form with payment to:

SJEN-St. Joseph Radio, c/o Lu Cortese, 20 Holder Ct., St. Charles, MO 63303 For additional information, please visit www.saintjosephradio.com or call 636-447-6000.