

Application for God Is Love Recognition

My name is _____

Age _____

Address _____

City/State/ZIP Code _____

Telephone Number _____

My parish is _____

Organization/Council Name _____ Group Number _____

Name of Adult Advisor _____

Address _____

City/State/ZIP Code _____

Telephone Number _____

Parish _____

I have finished the *God Is Love* program and am now applying for the program medal.

Signature of child

Signature of parish designate

I support my child's application for the *God Is Love* medal. yes no

I give permission to publish my child's name. yes no

Signature of parent/guardian

Signature of adult advisor

Diocesan Use Only
Date Received