
The Divine Mercy Award Application

I have done my best to complete all the requirements of this project.

Applicant's signature _____ Date _____

Name _____ Age _____ GS Level _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

School _____ Grade _____

Adult/Group Advisor _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

We verify that this applicant has successfully completed The Divine Mercy Award workbook.

Parent

Adult Advisor

Parish Representative (Priest) or
Other Qualified Representative

Submit application and award fee of **\$9.00** to: Family Life Office
PO Box 80328
Lincoln, NE 68501

