

**Application for NCEA  
(National Catholic Educational Association)  
Distinguished Graduate Award**

**Biographical Data on Distinguished Graduate:**

Prefix: \_\_\_\_\_ Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**Education:**

Date of Graduation from Immaculate Conception School (at least 10 years from graduation): \_\_\_\_\_  
\_\_\_\_\_

Secondary: \_\_\_\_\_ City: \_\_\_\_\_

College: \_\_\_\_\_ City: \_\_\_\_\_

Degree: \_\_\_\_\_

Graduate School: \_\_\_\_\_ City: \_\_\_\_\_

Degree: \_\_\_\_\_

**Present Position:**

Current Title: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

**Please list three achievements of the graduate that reflect the characteristics of his or her education received in Catholic Elementary school:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**In 25 words, state the person's belief about Catholic Education:**

Distinguished Graduate nominated by: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Nomination: \_\_\_\_\_

**Please return completed form to the school office by December 22, 2021. Form may be brought to the school or parish office or mailed to:**

---

**Immaculate Conception School  
300 S. Hope St.  
Jakson, MO 63755**