LOYOLA COLLEGE: COLOURS NOMINATION – CHRISTIAN SERVICE

NAME OF NOMINEE: ________________________________________________________________

HOUSE / MENTOR: _____________________________ YEAR LEVEL: ______

○ Half Colours
○ Full Colours

State the year that Half colours were earned:______

Please provide evidence of the following criteria in Christian Service

❖ A role model to others

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

❖ Dedication to the group

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

❖ Excellence in skills demonstrated;

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

❖ Displays leadership (formal and informal);

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

❖ Support of the staff member in administrative roles.

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

_____________________________________________________________________________________________________________

Signature of Student: _____________________________ Date: ____________________

Please turn over......
Please list Christian Service Activities that you have been involved in over your time at Loyola.

**Clubs and Groups** (e.g. St. Vincent de Paul, Concord, Conservation Club) - Must have fulfilled a year long commitment to this club/group

*Minimum: Half Colours (At least three years in one activity)*

*Full Colours (At least four years in one activity)*

Please list calendar years e.g. 2012, not year levels

<table>
<thead>
<tr>
<th>Activity 1:</th>
<th>Years:</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity 2:</td>
<td>Years:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity 3:</td>
<td>Years:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity 4:</td>
<td>Years:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity 5:</td>
<td>Years:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**One off Activities** (e.g. Winter Sleep Out, 40 Hour Famine)

*Minimum: Half Colours (At least three or more activities over 3 years.)*

*Full Colours (At least four or more activities over 6 years.)*

<table>
<thead>
<tr>
<th>Activity 1:</th>
<th>Years:</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity 2:</td>
<td>Years:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity 3:</td>
<td>Years:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity 4:</td>
<td>Years:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity 5:</td>
<td>Years:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity 6:</td>
<td>Years:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Director of Ignatian Mission Statement of Endorsement**

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

**Director of Ignatian Mission Signature:** _______________________________  **Date:** __________