

Most Worshipful Prince Hall Grand Lodge, F. & A.M. Washington and Jurisdiction



Lodge of the Year Nomination Application



The following information is to be completed by the Worshipful Master, Secretary and District Deputy Grand Master. All information submitted must be verifiable and meet the criteria as set forth in the "Lodge of the Year Criteria" which is a part of this Nomination Application.

A. Lodge Information:

Lodge Name: _____

Lodge Location: _____

Lodge Chartered Date: _____ District: _____

B. Brief Narrative of Lodge Activity (Lodge, Community, and District Activities). Additional sheets may be used as necessary. Explain in "bullet" sentences.

C. Answer the following questions concerning the Lodge's Administration practices during the past year:

1. Were the Lodge's Quarterly Reports and Taxes submitted to the Grand Secretary's Office IAW the Masonic Code? (Committee To be verified with the Grand Secretary):

YES NO (If you checked "NO", Please Explain!)

2. Provide the following information on the Lodge's Membership activities over the past year:

Total Membership numbers at the beginning of the past Masonic year = _____

Total Membership numbers at the end of this Masonic year = _____

Total Increased _____ Decreased _____

3. List all Community Activities involved in over the past year (Information must be verifiable):

4. Participation and support of Youth Programs (Information must be verifiable):

5. Support of Charity Events and Activities: (Information must be verifiable):

6. Support of Grand Lodge Programs (Information must be verifiable):

7. Support of Grand and District Sessions and all visitations by the Grand Master. (Include location, dates and numbers of members in attendance):

D. Your opportunity to provide any information which you deem important for the Committee to consider in making its decision (Optional):

E. Information on District Deputy Grand Master Submitting the Application:

Print full name: _____

Position, Title, and Rank: _____

Signature: _____

Date of Application: ____/____/____

AWARD COMMITTEE USAGE

Date Received by Committee: ____/____/____.

Is Application Complete? Yes No

Committee Members Comments: _____

Committee Member's Rating (*The top 5 Applications will be Rated on a Scale of 1- 5, 1 being the best*). **Circle your Rating for this Application.**

Rating: 1 2 3 4 5

Recommendation by Committee Member: _____

Committee Member Name (Print): _____

Committee Member Signature: _____