

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



**Worshipful Master of the Year
Nomination Application**

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

A. Nominee Information:

Nominee's Name: _____

Lodge Name and Number: _____

Lodge Location: _____

Date Raised: ____/____/____ District: _____

B. Brief Narrative of the Nominee's Character and Activities which sets him apart from the other Worshipful Masters in your District. Additional sheets may be used as necessary. Explain in "bullet" sentences.

C. Tell us about the nominee's performance in the following area, be specific; Check the applicable box below that applies. If the answer is "NO", please explain. (Verify with Grand Secretary Tax Status).

1. Quarterly Taxes Current: YES NO

2. Membership:

Beginning of the Year: _____

End of the Year: _____

Amount Increased by: _____

Amount Decreased by: _____

If Decreased, Briefly identify as best you can the main reason for the Decrease:

3. Community Outreach Efforts:

List all community activities that the Worshipful Master and the Lodge, as a result of the Worshipful Master's efforts are involved with:

4. Lodge Training Activities (Subjects):

List by Subject(s) that the Training activities were conducted for by the Lodge this past year (Study Club Training may be counted as Lodge Training).

5. Demonstrate Knowledge of the Masonic Code of Washington and Jurisdiction and the By-Laws of the Lodge which are currently being used by the Lodge: (Specifically show the knowledge of how to find items in the code):

6. Show some documented support of the Grand Lodge and/or District Programs and Sessions organized by the Grand Lodge or District. (Provide Dates and Event/program type):

D. Additional Information to be considered by the Committee: (Optional)

E. SIGNATURES:

Name of DDGM Submitting Nomination: _____
Print Name in Full

Signature of DDDG Submitting Nomination: _____

Date Signed by Nominating DDGM: ____/____/____.

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: _____