

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



Lodge of the Year Nomination Application 2021-2022

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. Provide a brief narrative of the Lodge's activities (Lodge, Community, and District). Additional sheets may be used as necessary.

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 in accordance with the Masonic Code? If the answer is "NO", please explain (verify with the Grand Secretary tax status)

YES

NO

2. Membership:

Beginning of the year: _____

End of the year: _____

Amount increased by: _____

Amount decreased by: _____

If decreased, briefly explain the main reason for the decrease:

3. Community Outreach Efforts:

List all community activities that the Lodge was involved with during the past year (add additional sheets if necessary):

4. Participation and support of Youth Programs:

5. Support of Charity Events and Activities:

6. Support of Grand Lodge Programs:

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

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

E. SIGNATURES:

Name of DDGM Submitting Nomination: _____
Print Name in Full

Signature of DDGM 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: _____