

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



## Lodge of the Year Nomination Application 2022-2023

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. Additional Space if necessary:**

**F. SIGNATURES:**

**Name of DDGM Submitting Nomination:**

**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:** \_\_\_\_\_