

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



**Master Mason of the Year  
Nomination Application  
2021-2022**

The following information is to be completed by the Worshipful Master and Secretary of the Lodge. All information submitted must be verifiable and meet the criteria as set forth in the "Master Mason 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. Provide a brief narrative of the nominee's character and activities which sets him apart from the other Master Masons in your Lodge. Additional sheets may be used as necessary.**

---

---

---

---

**C. Tell us about the nominee's knowledge and performance in the following areas, be specific.:**

**1. Ritualistic Proficiency:**

---

---

---

---

**2. Provide documented support of Lodge and/or District programs and events. (Provide dates and type):**

---

---

---

---

**3. Community Involvement:**

**List all community activities that the Master Mason is involved with which are sponsored by the Lodge and/or District (add additional sheets if necessary):**

---

---

---

---

**4. Self-Improvement:**

---

---

---

---

**5. Masonic Knowledge:**

---

---

---

---

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

---

---

---

---

**E. SIGNATURES:**

Name of WM Submitting Nomination: \_\_\_\_\_  
Print Name in Full

Signature of WM Submitting Nomination: \_\_\_\_\_

Date Signed by Nominating WM: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Name of DDGM receiving Application: \_\_\_\_\_  
Print Name in Full

Signature of DDGM: \_\_\_\_\_

Date Received by 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:** \_\_\_\_\_