

**GRAND MASTER'S MASONIC YOUTH AWARD  
RECOMMENDATION  
DeMolay**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Chapter: \_\_\_\_\_ Location: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

List offices held, honors received, committees served on in both local and state level in Missouri DeMolay:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List school activities and scholastic honors received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List church and community service activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you believe that your Advisory Board chose you to receive this recommendation for the Grand Master's Youth Award?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After you have completed the above information, return the form to your Chapter Advisor , so that the Advisory Board can write a recommendation as to why they think you have qualified for this award. Please include any other pertinent information that would be helpful for the Masonic Youth Committee in making their decision. Please write the recommendation on the reverse side of this form and must be signed by at least three Advisory Board Members.

**DEADLINE is May 11th, 2018**