



OUTSTANDING LOCAL  
CHAPLAIN  
AWARD FORM

**NOTE:** Form should be postmarked April 1<sup>st</sup> to the **State Chaplain**.

6/2020

CHAPLAIN'S NAME \_\_\_\_\_

CHAPTER NAME \_\_\_\_\_

LOCAL PRESIDENT'S NAME: \_\_\_\_\_

DATE RECIPIENT JOINED THE ORGANIZATION \_\_\_\_\_

NUMBER OF MEMBERSHIP MEETINGS RECIPIENT ATTENDED \_\_\_\_\_

NUMBER OF BOARD MEETINGS RECIPIENT ATTENDED \_\_\_\_\_

1. List chapter certified church visitations attended since April 1.
2. List Family Time projects or program the recipient has conducted since April 1.
3. Why do you feel this person should be the recipient of the Outstanding Local Chaplain Award?

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Local President's Signature

**\*\*NOTE\*\***

Outstanding Local Chaplain

1. Year-end competition
2. Presented to the local chaplain who best inspires, promotes, and reflects the meaning and purpose of the first line of our creed: who best supports spiritual development in her local chapter, not only by invocations at meetings and thought in newsletters, but by promoting projects and activities withing the chapter and community