

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

Washington and Jurisdiction



Worshipful Master of the Year Nomination Application 2025-2026



The following information is to be completed by the District Deputy Grand Master and Secretary of the Lodge. All information submitted must be verifiable and meet the criteria as set forth in the "Worshipful Master 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 Worshipful Masters in your District. Additional sheets may be used as necessary.

C. Tell us about the nominee's performance in the following areas, be specific, and check the applicable box below that applies. If the answer is "NO", please explain (verify with Grand Secretary tax status).

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1. Quarterly Taxes Current: 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 Worshipful Master and the Lodge are involved with because of the Worshipful Master's efforts (add additional sheets if necessary):

4. Lodge Training Activities (Subjects):

List the training activities that were conducted by the Lodge this past year, Study Club Training may be counted as Lodge Training (add additional sheets if necessary):

5. Identify examples of the Worshipful Master's knowledge of the Masonic Code of Washington & Jurisdiction in addition to the Lodge's By-Laws which are currently being used by the Lodge (specifically show the knowledge of how to find items in the code):

6. Provide documented support of the Grand Lodge and/or District programs and events organized by the Grand Lodge or District. (Provide dates and type):

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: _____
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: _____