

**PAST MASTER COUNCILOR'S MERITORIOUS SERVICE AWARD**

(This document has fillable sections that can be completed in Adobe Reader and then printed for signatures. If printing a blank form please print neatly.)

**LETTER OF COMPLETION**

Dear District Governor,

This letter is to inform you that I meet all the requirements to qualify for the Past Master Councilor's Meritorious Service Award. The following information is an explanation of my activities during my term.

**Please Print Neatly**

Beginning date of term: \_\_\_\_\_ Ending date of term: \_\_\_\_\_  
 Chapter Name & Location: \_\_\_\_\_  
 DeMolay Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

I performed from memory (without using written notes or book) \_\_\_\_\_ (number of) meetings.

Our chapter performed from memory (without using written notes or book) initiations on the following dates:

Dates of DeMolay Degree	# of candidates receiving degree

Our Chapter held the following Activities

Attach detailed summary of each activity. The summary needs to include a description of event, how many attended, the outcome of event and the reason for outcome.

Event Type:	Event Name:	Event Date:
Social		
Civic		
Fund Raising		
Masonic Service		
Athletic		

Our Chapter observed the following Obligatory Days

Attach detailed summary of each Obligatory day observed. The summary needs to include a description of event, how many attended, the outcome of event and the reason for outcome.

Obligatory Day	Event Time Frame:	Event Date:
Frank S. Land Day	Near November 8 <sup>th</sup>	
Day of Comfort	Near Thanksgiving or Christmas	
Patriots Day	In the month of February	
Devotional Day	Sunday nearest March 18 <sup>th</sup>	
Parents Day	Between May 1 and June 20 <sup>th</sup>	
Government Day	In the month of July	
Educational Day	In the month of September	

Attached is a summary of the program to increase or maintains a high level of attendance at Chapter meetings. The summary includes a description of the program and the outcome of the program.

I, the Past Master Councilor for the above named chapter, confirm that the requirements for the PMC-MSA have been met by me and the Chapter

DATE: \_\_\_\_\_

Print & Signature of Past Master Councilor

I, the Chapter Advisor for the above named chapter, confirm that the requirements for the PMC-MSA have been met by this DeMolay and Chapter.

DATE: \_\_\_\_\_

Print & Signature of Chapter Advisor

I, the District Governor, confirm that the above named DeMolay and Chapter have met the requirements for the PMC-MSA and that I have received this letter and documents within 10 days of the above named DeMolay's term completion.

DATE: \_\_\_\_\_

Print & Signature of District Governor

Applicants will be informed of results on:

May 15 each year for all applications received by April 1 of the same year

October 15 each year for all applications received by September 1 of the same year

Those who are awarded the PMC-MSA on May 15 will be presented their award at Conclave of that year. Those who are awarded the PMC-MSA on October 15 will be presented their award at Winterfest of that year.

**Forward all documentation after signature by District Governor to:**

Allen Kiger  
Director of PMC-MSA  
2690 Spring Grove Avenue  
Lancaster, Ohio 43130  
[allenkiger@gmail.com](mailto:allenkiger@gmail.com)  
740-403-8851