

**GRAND COUNCIL MERIT AWARD**

FOR USE BY THE MASTER INSTALLED DURING HIS TERM OF OFFICE

The Grand Council of Missouri Council Merit Award will recognize subordinate Councils and their Masters for meritorious service during their term of office. The Master and Council Officers shall be responsible for accomplishing the requirements identified below. After each item is completed, the Master shall document its completion. After all items have been completed, the application shall be reviewed, verified, and signed by the Regional Deputy Grand Master. Once verified, the RDGM shall then forward the application to the Chairman of the Grand Council Merit Award Committee **no later than April 15, 2017.**

**Mail to: William G. Snyder, Chairman**  
2830 S. Brentwood Ct, Independence, MO 64055 or Email to: zorel1953@yahoo.com

**Applications received after April 15, 2017 will not be awarded until 2018, no exceptions.**

**GRAND COUNCIL MERIT AWARD APPLICATION 2016-2017 TERM**

Council Name: \_\_\_\_\_ No: \_\_\_\_\_

Master: \_\_\_\_\_  
(Print Name in Full)

- 1. Installation of Officers:
 

Open Installation	<input type="checkbox"/>
Other	<input type="checkbox"/>
Date:	_____
Guests Present:	_____
  
- 2. Attended 2016 Grand Council Assembly:  
*(Illustrious Master and one of three listed officers must have attended. Proxies for IM only will only be accepted via personal written request to Grand Master.)*

Master	<input type="checkbox"/>
Deputy Master	<input type="checkbox"/>
Principal Cond. of Work	<input type="checkbox"/>
Recorder	<input type="checkbox"/>
  
- 3. Opening of Council without use of Ritual book:
 

Date:	_____
-------	-------
  
- 4. Reception of Distinguished Guests without use of Ritual book:
 

Date:	_____
-------	-------
  
- 5. Attended a 2016 Regional York Rite Conference:  
*(Master and three of six must attend. Proxies will not be accepted. RDGM must verify participation.)*

Deputy Master	<input type="checkbox"/>
Principal Cond. of Work	<input type="checkbox"/>
Recorder	<input type="checkbox"/>
Captain of the Guard	<input type="checkbox"/>
Conductor of the Council	<input type="checkbox"/>
Marshal	<input type="checkbox"/>
Steward	<input type="checkbox"/>

Date of Conference: \_\_\_\_\_  
Location of Conference: \_\_\_\_\_

6. Attendance at Ritual School conducted in Council by Regional Deputy Grand Lecturer: *(Four of seven must be in attendance.)*
- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Master                   | <input type="checkbox"/> |
|  | Deputy Master            | <input type="checkbox"/> |
|  | Principal Cond. of Work  | <input type="checkbox"/> |
|  | Captain of the Guard     | <input type="checkbox"/> |
|  | Conductor of the Council | <input type="checkbox"/> |
|  | Marshal                  | <input type="checkbox"/> |
|  | Steward                  | <input type="checkbox"/> |
- Date of Instruction: \_\_\_\_\_  
 Conducted By: \_\_\_\_\_
7. Participate in a Council Degree (RM, SM or SEM) Conferral: *(One officer must participate)* Date: \_\_\_\_\_  
 Location: \_\_\_\_\_
8. Mail or Email Trestleboard to all members: *(May be mailed with dues notice – Send sample with this application)* Date: \_\_\_\_\_
9. Council Social Event: *(Such as Past Master’s Night, Youth Recognition Night, Widow’s Banquet.)* Date: \_\_\_\_\_  
 Event: \_\_\_\_\_
10. Contribute to CMMRF: *(Cryptic Masons Medical Research Foundation)* Date: \_\_\_\_\_
11. Contribute to Grand Council Charity Endowment Fund: Date: \_\_\_\_\_
12. Educational Program: Date: \_\_\_\_\_  
 Program On: \_\_\_\_\_  
 Presentation By: \_\_\_\_\_
13. Alternates for any two of the above:  
 Participation in a work day at Missouri Lodge of Research and Contribution from Fundraiser for MOLOR Foundation *(attach list of members participating & copy of contribution)* Date: \_\_\_\_\_  
 Date: \_\_\_\_\_
14. Annual Report received in due form by stated deadline Date: \_\_\_\_\_

-----

***(RDGM is to review 2016 Credentials Committee Report to validate item No. 2.)***

I certify the authenticity of this application and recommend approval.

RDGM \_\_\_\_\_ Date: \_\_\_\_\_

**Applications received after April 15, 2017 will not be awarded until 2018, no exceptions.**

-----

Approved/Disapproved by: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Grand Council Merit Award Committee)*