(Distinguished Service Award)			Type or Print		
Nominees Full Name		Chapter Name			
		_			
Nominees Address			Chapter Advisor		
City	ZIP	Advisor Address	Advisor Address		
Phone	Age	City	City ZIP		
Date Received DeMolay De	egree:	Has Nominee passe Obligations?	ed both YES	NO	
Chapter visitations in the	last year – Indicate C	hapter and number of visits			
State/Region functions att	tended in the last year	- List individually			
Number of petitions Noming signer since joining DeMo			ns Nominee was first line ear to June 30 this year:		
Return to: eo@ildemolay. Illinois DeMolay – De		is factual and true	I hereby declare that all the information on this form is factual and true and can be proven upon request of the committee. Form must be signed by nominee and		

Advisory Council Chair.

Advisory Council Chair's Signature

Form must be received by the July 1, 2023 for nominee to be considered:

New Lenox, Il 60451 Nominee's Signature

Illinois DeMolay of the Year Nomination	Page 2		
School GPA (if still in school) Give a brief description of the subjects taken over the past two years and grades achieved?	Employment: -Full Time / -Part Time Give a brief description of employment duties.		
Athletic programs in school or outside	Other outside activities (organizations, hobbies, etc.)		
How have you carried the lessons of DeMolay into your daily life and interactions outside the DeMolay Chapter?			

Each nominee will go through an interview prior to Conclave to determine the DeMolay of the Year.