



***Elks Drug Awareness Program
Youth Award***

Applicant's Name:

(As you wish it to appear on the Award – Please type clearly)

Applicant's Age:

Lodge Name & Number submitting application:

Total Number of Required Volunteer Hours completed within a 12- month period: _____

- Age 5-10 (75 Hours)
- Age 11-15 (100 Hours)
- Age 16-25 (250 Hours)

Must be a United States Citizen or lawful permanent resident of the United States.

Attest

I attest that the applicant nominated has completed the number of volunteer hours as noted above. (Hours are not limited to Elk's Charity works but include all volunteer work done by the nominee). The nominee is an Elk ____ is not an Elk ____.

(Signature of Individual Certifying Hours)

Approval

I, the undersigned State Chair, approve the above application and request that the award be sent to:

(Signature of State Chairperson)

Note: The entire cost of this award is funded by the Elks Drug Awareness Program, through the generosity of the Elks National Foundation.

Completed application should be mailed to:

Rick Gale
Assistant National Director
Elks Drug Awareness Program
247 Clifden Drive
Bozeman, MT 59718