



Leos of the Year Award Nomination Form

This award is available to any current Leo club member who is in good standing, meets membership age requirements, has all the required endorsements, and is not a previous recipient of the award. **Each multiple district or single district (not a sub-district of a multiple district) may nominate one Leo annually.**

Leos considered for this prestigious award must have:

- demonstrated outstanding leadership skills;
- achieved a superior record as a Leo in implementing successful service projects;
- made an identifiable contribution to the development and growth of the Leo Club Program;
- achieved distinction in community or school activities outside of Leo club commitments; and
- demonstrated high ethical standards and personal integrity.

This application must be received by no later than April 1. Only applications in which all questions are completed and have all required signatures will be considered valid. Please type.

Nominee

Leo _____ Leo Club _____

Lions Multiple District/District _____ Year became a Leo _____ Year of Birth _____

Member ID (if applicable) _____ Country _____

E-mail _____

Endorsement

We hereby certify that the information in this application is complete and correct, and that the candidate meets all criteria for the Leos of the Year Award.

Leo Club Advisor _____

Print Name Member ID Number Signature Date

Nominations from a Multiple District

I understand that each multiple district may nominate only one Leo annually from an officially certified Leo club that is sponsored by a Lions club within the multiple district. I further confirm that this nomination has been approved by the multiple district council of governors, as applicable.

Council Chairperson _____

Print Name Member ID Number Signature Date

***** OR *****

Nominations from a Single District

I understand that each single district (not a sub-district of a multiple district) may nominate only one Leo annually from an officially certified Leo club that is sponsored by a Lions club within the single district. I further confirm that this nomination has been approved by the district cabinet, as applicable.

District Governor _____

Print Name Member ID Number Signature Date

