

APPLICATION FOR
MULTIPLE DISTRICT 14
LIONESSE OF THE YEAR AWARD

Name of proposed Lioness _____ Date _____

Address of Lioness _____

Lioness Club _____

Served as President _____ Served as Secretary _____

Other Exemplary Service _____

Date joined Lioness Club _____ Years of perfect attendance _____

The above named Lioness is a member in good standing of the _____
Lioness Club, which is a member in good standing in Sub-District 14 ___ of Pennsylvania.

President and/or Secretary _____ Date _____

Lioness Club _____

District Governor, District 14 _____

I have reviewed this application and approve it.

District Governor, District 14 _____ Date _____

Lioness Chairperson, Multiple District 14

Award is approved _____ denied _____ Date _____

Lioness Chairperson

Each sub-district may submit NOT MORE THAN ONE recommendation annually for the Lioness of the Year Award.