



AWARD NOMINATION FORM

South Carolina Cryptic Mason of the Year Award

_____ Council No. _____ of _____, SC is pleased to present the following name for consideration of the S.C. Cryptic Mason of the Year Award:

Companion _____

Number of Years as a Master Mason _____

Number of years as a Royal & Select Master _____

State, below on the back of this form or attach a word document, the reason (s) why this Companion should receive this award. Please be as accurate as possible regarding his service given to your Royal & Select Masters Council and Masonry. The reason (s) should include service beyond what is normally expected of any Master Mason or Royal & Select Master.

Please submit to: G Buck Jolley, Grand Recorder, Post Office Box 219, Gaffney, SC 29342-0219 before November 1.