

To complete this form online, please download and save a blank copy to your computer. Open the saved copy and fill in each blank. Save again. This will be the copy you send with your application.



FGCMD and NGC Award Application Cover Sheet



State Award Number _____ State Award Name _____

NGC Award Number _____ NGC Award Name _____

Name of Group/Club/Individual Applying for Award

If club, number of members _____ Award Size Group ____ S ____ M ____ L

If state, number of clubs _____ Award Size Group ____ S ____ M ____ L

Contact Name (Club President) _____

Email _____ Phone _____

Address _____

City

State

Zip

District _____ Region _____ State _____

State Awards Chairman _____

Email _____ Phone _____

Address _____

City

State

Zip

Name of Project _____

Is this project ____ New OR ____ Continuing from previous work?

Beginning date _____ Expected completion date _____ OR _____ Ongoing

ATTACH completed application. Unless noted in specific award description, all applications are limited to 3, single-sided pages. (Plus, this cover sheet.) No report covers, notebooks, etc. allowed. Follow descriptors on Scoring Sheet to prepare an accurate, complete report.

All applications are to be **submitted electronically** unless otherwise noted in award description. **Send to the designated Awards Chairman in your state by the requested due date.** Only awards submitted through State Chairmen will be accepted.