

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.