



PIP DR. JAMES M. FOWLER  
 ANNUAL MEMORIAL  
 HUMANITARIAN AWARD  
 APPLICATION  
 MD-7

CANDIDATES NAME \_\_\_\_\_

LIONS CLUB/DISTRICT \_\_\_\_\_

LIONS CLUB INVOLVEMENT (OFFICES HELD/ACTIVITIES) \_\_\_\_\_

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CIVIC INVOLVEMENT.....LOCAL/STATE/NATIONAL \_\_\_\_\_

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HOBBIES \_\_\_\_\_

PROVIDE REASONS WHY THIS INDIVIDUAL SHOULD BE CONSIDERED FOR THE HUMANITARIAN AWARD –

WHAT HAS HE/SHE DONE TO MAKE THE WORLD A BETTER AND SAFER PLACE (USE BACK IF NEEDED)?

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(MUST BE SUBMITTED TO STATE OFFICE BY MARCH 1<sup>ST</sup>)

\_\_\_\_\_  
 LIONS CLUB PRESIDENT

\_\_\_\_\_  
 LIONS CLUB SECRETARY

\_\_\_\_\_  
 DATE