Outstanding Service to People with Disabilities

Official Awards Application

Completed application accepted
no later than December 1.
Mail to:
Civitan International
Awards Program
One Civitan Place, P.O. Box 130744
Birmingham, AL 35213-0744

Club Name: _____ Club Number: _____

City: _____ State/Province: _____

District Name: _____ District Number: _____

Website Address: _____

Club President for Award Year: _____

Phone # B (____) _____ R (____) _____ E-mail _____

Application completed by: _____

Phone # B (____) _____ R (____) _____ E-mail _____

Complete this form and forward it to Civitan International by **December 1.** Award applications are to be submitted individually. Do not combine multiple applications into one binder. It is recommended that a copy be sent to the Immediate Past Governor.

This award is based a single project and is presented to the club which has provided the most outstanding service in any area of work to people with mental or physical disabilities.

Any supporting materials should be attached on pages no larger than 8 ½ X 11 inches!

Name of Project: _____

Month and Year of Project: _____

Membership Participation Information:

Total Club Membership _____

Total Number/Percentage Member Participation _____

Total Member Hours _____

Project Description (Purpose of activity; How the club became involved, number/percentage of club members participating, etc.): _____

Club Name: _____ **Club Number:** _____

Results/Benefits (Impact on the community or those being served): _____

Public Awareness (Publicity derived or community acknowledgement of activity): _____

Membership Participation (Level and involvement of club members): _____