

Rotary District 6360 Foundation Golden Trowel Award Application Form

Mail or e-mail a copy of this form by the third Saturday in September

Nonlinating Cit	ıh		cations will not Date_		d				
Phone		Cell		E-Mail					
Club President			Signat	ture					
Note: If submitting	this form electro	nically, please ente	er your name in the "Sigr	nature" space above	and check the	e box below: By			
checking this box,	I hereby certify	that my name en	ntered above shall serve	e as my electronic s	ignature.				
name or nomi	nee			_ Phone					
Address		City		State		Zip			
Nominee is a: 1	Person	Non-Profit O	rganization	Business	Chu	urch			
Group o		ividuals	Government Agenc	y Othe	er				
Name of Rotar	v Project rece	eivina assistana	ce from a NON-RO	ΓΔRΙΔΝ entity:					
Name of Rotal	y i roject rect	Living assistant	ce from a Norvino	TAINIAN CHUCY.					
Directions:	_	_	g information in	narrative fo	rm, givin	g as much			
		possible.			"				
4			o, What, When, Wh						
1.	the NON-ROTARIAN that significantly impacted the success of your club project or event. Use additional pages if necessary. Photos, slides and video tapes may be								
1.			s if necessary Pho	the clides and v	ridan tanac	mav na			

n Trowel Appli nating Club: _	ication Page 2					
2. Why was	s this party's help	o so beneficial t	to the project/e	vent?		
known ea	ch other?, Have	you worked to	gether on othe	er occasions?,	etc.)	