

**INSTRUCTIONS FOR MOTHER ADVISOR**  
**GRAND OFFICER RECOMMENDATION FORM**

Please complete in Ink. Use the girl's full name. No Nicknames please.

I am Mother Advisor of Assembly \_\_\_\_\_ # \_\_\_\_\_

Girl's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

She is a PWA \_\_\_\_\_ WA: \_\_\_\_\_

Presiding in the East: \_\_\_\_\_ Term: \_\_\_\_\_

She holds the Grand Cross Designation? Yes \_\_\_\_\_ No \_\_\_\_\_

Received on \_\_\_\_\_ / Was nominated this year  Yes  No

She attends: \_\_\_\_\_ High School Grade \_\_\_\_\_

Other: \_\_\_\_\_

Please also complete an Advisory Board Member Form.

In your own words, please write your reasons for recommending or rejecting a recommendation this year.

Personal Comments: \_\_\_\_\_

---

---

---

---

---

---

---

---

Yes I am recommending \_\_\_\_\_ as my # \_\_\_\_\_ Choice.

No recommendation this year.

\_\_\_\_\_  
Mother Advisor Signature

\_\_\_\_\_  
Date

**Form due to the Supreme Inspector by May 15.**

Barbara Brown  
See directory for address

**INSTRUCTIONS FOR GRAND DEPUTY**  
**GRAND OFFICER RECOMMENDATION FORM**

Please complete in Ink. Use the girl's full name. No Nicknames please.

Girl's Name: \_\_\_\_\_

In Assembly: \_\_\_\_\_ #: \_\_\_\_\_

I recommend her for offices requiring special abilities or skills:

- |  |  |
|--|--|
| <input type="checkbox"/> Musician                | <input type="checkbox"/> Follows Directions        |
| <input type="checkbox"/> Choir Director          | <input type="checkbox"/> Miscellaneous Information |
| <input type="checkbox"/> Camps                   | _____  |
| <input type="checkbox"/> Ritualistic Proficiency | <input type="checkbox"/> Other Skills _____        |
| <input type="checkbox"/> Organizational Ability  | _____  |
| <input type="checkbox"/> Leadership              |  |

This girl would be proficient in the following office(s) \_\_\_\_\_

This girl would be ELATED to receive any Grand Officer Appointment:  Yes  No

Personal Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you would also like to rate this girl, please complete an Advisory Member form.

She is my: #1 Choice  #2 Choice  #3 Choice  in the District.  
 No recommendation for this girl this year.

\_\_\_\_\_  
Grand Deputy Signature

\_\_\_\_\_  
Date

**Form due to the Supreme Inspector by May 15.**

Barbara Brown  
See directory for address