

# 2017 LORA WATERS AUXILIARY PRESIDENT OF THE YEAR AWARD

Report must be **Received by**  
**April 25, 2017**

Toni Martin Awards Chairman  
903 Rainier St., Sumner WA 98390  
tonimartin07@gmail.com

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Auxiliary Name \_\_\_\_\_ Auxiliary President \_\_\_\_\_

Auxiliary No. \_\_\_\_\_ District No. \_\_\_\_\_

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**\*USE A SEPARATE SHEET OF PAPER TO DESCRIBE YOUR PARTICIPATION IN THE NATIONAL PROGRAMS. PLEASE NO SCRAPEBOOKS!**

1. Did your Auxiliary reach 100% in Membership by April 20, 2017? Yes \_\_\_\_\_ No \_\_\_\_\_  
How many Recruitment Events did your Auxiliary have? \_\_\_\_\_  
Did you have any with your Post? Yes \_\_\_\_\_ No \_\_\_\_\_  
Did your Auxiliary participate in the Recruiter Trainings? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Was the Warrant for Installation requested prior to installation of Officers? Yes \_\_\_\_\_ No \_\_\_\_\_  
Was the Warrant completed & forwarded to National & Department Secretary? Yes \_\_\_\_\_ No \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Was your Treasurer Bonded by August 31, 2016?
4. Did your Auxiliary submit the required 990-N (e Postcard) to the IRS by November 15, 2016 Yes \_\_\_\_\_ No \_\_\_\_\_
5. Number of District Meetings held in your District \_\_\_\_\_ How many did you attend? \_\_\_\_\_
6. Did you attend the School of Instruction? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please indicate the name of your representative \_\_\_\_\_
7. Did you attend Mid Winter Conference? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please indicate the name of your representative \_\_\_\_\_
8. Were all Year-End Reports submitted to the Department Chairman & received on time? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Did your Auxiliary purchase the Presidents Pin? Yes \_\_\_\_\_ No \_\_\_\_\_ How Many \_\_\_\_\_ \$ \_\_\_\_\_
10. Did you donate to the Cancer Aid and Research program? (\$2.00 per member) \_\_\_\_\_ No \_\_\_\_\_ How much \_\_\_\_\_
11. Did Your Auxiliary participate in the following Programs?  
A. Americanism/Patriotic Instruction Yes \_\_\_\_\_ No \_\_\_\_\_  
B. Was \$2.00 per member obligation donated to Cancer Grant Program? Yes \_\_\_\_\_ No \_\_\_\_\_  
C. Extension/Chief of Staff: Yes \_\_\_\_\_ No \_\_\_\_\_  
Did you participate in the RU Healthy Auxiliary Check List?

D. Hospital: Yes \_\_\_\_\_ No \_\_\_\_\_  
Was \$3.00 per member obligation donated? Yes \_\_\_\_\_ No \_\_\_\_\_  
Did your Auxiliary promote the Military Suicide Awareness? Yes \_\_\_\_\_ No \_\_\_\_\_

E. Legislative: Yes \_\_\_\_\_ No \_\_\_\_\_

F. Membership: Yes \_\_\_\_\_ No \_\_\_\_\_  
How many New Members were recruited? \_\_\_\_\_

G. Scholarships:  
Voice of Democracy \_\_\_\_\_ Patriot's Pen \_\_\_\_\_ Washington State Youth Essay \_\_\_\_\_ Continuing  
Education Scholarship \_\_\_\_\_ Young American Creative Patriotic Art Contest \_\_\_\_\_  
Did you donate to the Washington State Patriotic Art Fund? Yes \_\_\_ No \_\_\_ How much \_\_\_\_\_

H. Veterans & Family Support: Check if participated (must participate in 3 of the programs)  
National Veteran Services \_\_\_\_\_ \$ \_\_\_\_\_ Veteran and Military Support Program \_\_\_\_\_ \$ \_\_\_\_\_  
Buddy Poppy \_\_\_\_\_ How many Poppy drives did your Auxiliary have? \_\_\_\_\_  
VFW National Home \_\_\_\_\_ Did you donate to Health/ Happiness? \_\_\_\_\_ How much? \_\_\_\_\_  
.10 or .25 \_\_\_\_\_  
Other donations to National Home \$ \_\_\_\_\_  
Other donations for Veterans & Family Support \$ \_\_\_\_\_ Explain \_\_\_\_\_

I. Youth Activities: Yes \_\_\_\_\_ No \_\_\_\_\_  
Participated in the Random Acts of Patriotism Program? Yes \_\_\_\_\_ No \_\_\_\_\_  
Publicized Youth Groups Supporting Our Veterans Citations? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the different youth groups your Auxiliary worked with throughout the year \_\_\_\_\_

**\*Note that all Audits must be up to date and if your Auxiliary has any money shortages for dues or delegate fees you may be disqualified.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Auxiliary President (Please Print)

Original Awards Chairman  
Copy District President  
Copy Auxiliary