

2024-2025 SILVER STAR CHAPTER AWARD ~ REPORT FORM - _____

CHAPTER NAME AND NUMBER

SEND TO BETTY HANCOCK, CHAIRMAN, NO LATER THAN JUNE 15, 2025, TO BE CONSIDERED FOR THE AWARD!

Those Chapters who exemplify our work and strive to achieve excellence will be recognized and awarded at Grand Chapter 2025. The Chapters will have focused not only on our Ritualistic work but will have served their communities, promoted Eastern Star through their charitable work, and encouraged chapter members to build better bonds through fellowship.

With the required documentation, this form must be emailed by June 15, 2025, or sent by mail (postmarked no later than June 15, 2025) to be considered. Please include a contact email so the chairman can confirm that they have received your information. Please call or email them if you do not get a receipt confirming they have all your paperwork for this award. Please keep a copy of all your paperwork in case you need to resend. Check each of the items completed.

I. CHAPTER BUSINESS

REQUIRED ACTIVITIES	
<input type="checkbox"/>	Filed complete Annual Report and sent payment to Grand Secretary by June 8, 2025.
<input type="checkbox"/>	Had a Memorial Program. (CM)
<input type="checkbox"/>	Had program or event to recognize the birthday of our Founder, Dr. Rob Morris. (CM)
<input type="checkbox"/>	Humanitarian (100%) or higher in Humanitarian donations. (LTR)
<input type="checkbox"/>	Have Chapter committee or members make person-to-person contact to at least 25% of their inactive members via phone or personal visits (LOG) .

II. EDUCATION

REQUIRED ACTIVITIES	
<input type="checkbox"/>	At least 5% of the chapter obtained an "A" proficiency certificate. <i>Plural members count for all chapters.</i> (LTR)
<input type="checkbox"/>	At least 5% of the chapter participated in Ritualistic Achievement. <i>Plural members count for all chapters.</i> (LTR)
<input type="checkbox"/>	Five percent (5%) or more of your Chapter members attend study classes or chapter practice to improve our Ritualistic work <i>(can be in any Texas Chapter).</i> (LOG)
OTHER ~ COMPLETE ONE OF THE FOLLOWING	
<input type="checkbox"/>	Have a Chapter quorum attend the Section's Fraternal Visit at the Section's School. <i>(make sure to sign in with the registration desk)</i>
<input type="checkbox"/>	Have at least five (5) members attend the Section's School (one must be an elected officer). Members may count for plural Chapters. <i>(make sure to sign in with the registration desk)</i>
<input type="checkbox"/>	Have at least five (5) members attend the WGM/WGP first Fraternal visit <i>(make sure everyone signs in).</i>

III. COMMUNITY OUTREACH

AT LEAST FOUR OF THE FOLLOWING ACTIVITIES ~ PROVIDE DOCUMENTATION/PHOTOS TO SUPPORT ACTIVITIES.	
<input type="checkbox"/>	Donate School Supplies
<input type="checkbox"/>	Donations to an organization (i. e., church or city-wide group)
<input type="checkbox"/>	Donate a Basket to needy family.
<input type="checkbox"/>	Donate Toys to underprivileged children.
<input type="checkbox"/>	Donate to a Food pantry.

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<input type="checkbox"/>	Honor First Responders, Firemen, Police.
<input type="checkbox"/>	Support or donate to Veterans group. (i.e., Transportation Fund).
<input type="checkbox"/>	Prepare a Teachers/school personnel appreciation treats or event.

IV. FRATERNAL

AT LEAST THREE OF THE FOLLOWING	
<input type="checkbox"/>	At least three (3) Chapter members attended two (2) or more of the DGM's official visits. <i>(will be adjusted for Sections with less than three chapters)</i> . (DF or LOG)
<input type="checkbox"/>	At least three (3) paid Official Bulletin <i>(printed or electronic)</i> subscriptions by <u>members</u> . (List Names) 1) _____ 2) _____ 3) _____
<input type="checkbox"/>	Place a free chapter article in the Official Bulletin as provided in the Code of Laws. Month: _____ Description: _____
<input type="checkbox"/>	Two (2) or more, members visited other chapters in their section at least three (3) times - plural chapters do not count. .
<input type="checkbox"/>	Go out on a social as a chapter at least two (2) times with five (5) or more members. (CM)
<input type="checkbox"/>	Advertise your fundraiser or community event in the Bulletin. Month: _____ Description: _____
OTHER ~ ONE OF THE FOLLOWING	
<input type="checkbox"/>	Host at least two (2) guest speakers from your community. (CM)
<input type="checkbox"/>	Claim the Traveling Plaque at any chapter visit.
<input type="checkbox"/>	Three (3) members pro tem at a chapter where you are not a member.

V. MASONIC RELATIONS

ONE OF THE FOLLOWING	
<input type="checkbox"/>	Partner with the Masonic Lodge for joint event. (charitable or fundraiser). (CM)
<input type="checkbox"/>	Partner with the Masonic Lodge for a social event. (i. e., Thanksgiving, Dinner, Christmas party, etc.). (CM)
<input type="checkbox"/>	Help on a cleanup day at a Lodge or cook a meal for them. (CM)

VI. OTHER REQUIREMENTS

REQUIRED ACTIVITIES ~ AT LEAST SEVEN OF THE FOLLOWING ~ PROVIDE DOCUMENTATION TO SUPPORT ACTIVITIES.	
<input type="checkbox"/>	Award a scholarship to a local high school graduate.
<input type="checkbox"/>	Initiate a Rainbow Girl or Majority Rainbow Girl or a DeMolay.* Name: _____ Date: _____
<input type="checkbox"/>	Initiate one (1) new member (exclusive of the ones listed above*). Name: _____ Date: _____

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REQUIRED ACTIVITIES ~ AT LEAST SEVEN OF THE FOLLOWING ~ PROVIDE DOCUMENTATION TO SUPPORT ACTIVITIES.	
<input type="checkbox"/>	Participate in a charity sponsored walk, run or ride (i. e., Bike ride or other charity, etc.)
<input type="checkbox"/>	Offer Transportation to non-driving members to Chapter meetings (LOG) .
<input type="checkbox"/>	Raise awareness for Patriot Paws, (i.e., invite them for presentation at open Chapter meeting). Name of Presenter: _____ Date: _____
<input type="checkbox"/>	500% or more in Humanitarian. (LTR)
<input type="checkbox"/>	Send monetary or other donations to Shriner’s Hospital, Galveston. (LTR)
<input type="checkbox"/>	Send monetary or other donations to Scottish Rite Hospital. (LTR)
<input type="checkbox"/>	Provide financial or other assistance to Ronald McDonald house. (LTR)
<input type="checkbox"/>	Five members attend your District Banquet.
<input type="checkbox"/>	Benevolent Aid (<i>minimum \$25</i>)

Date: _____

Chapter Secretary

[Seal]

Worthy Matron

Worthy Patron

SILVER STAR CHAPTER AWARD CHAIRMAN

Betty Hancock
2801 Collard Road
Arlington, TX 76017
(871) 360-9871

BETTYHANCOCK.OESTX@GMAIL.COM

DOCUMENTATION KEY:

- (CM) Chapter minutes (*make sure your secretary gives details on what your Chapter is doing with counts*)
- (LTR) Donations, thank you letters or reports from Committee Chairmen
- (LOG) See log sheets
- (DF) Deputy Official Visit Form (have her sign at visit)

2024-2025 SILVER STAR CHAPTER AWARD REPORT FORM - _____ (name/number of Chapter)

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AT LEAST THREE (3) CHAPTER MEMBERS ATTENDED TWO (2) OR MORE OF THE DGM'S OFFICIAL VISITS.

(WILL BE ADJUSTED FOR SECTIONS WITH LESS THAN THREE CHAPTERS)

DATE OF VISIT	CHAPTER VISITED	MEMBERS WHO ATTENDED

TWO (2) OR MORE, MEMBERS VISITED OTHER CHAPTERS IN THEIR SECTION AT LEAST THREE (3) TIMES

(PLURAL CHAPTERS DO NOT COUNT)

DATE OF VISIT	CHAPTER VISITED	MEMBERS WHO ATTENDED

THREE (3) MEMBERS PRO-TEM AT A CHAPTER WHERE THEY ARE NOT A MEMBER.

DATE OF VISIT	CHAPTER VISITED	MEMBERS WHO ATTENDED

GO OUT ON A SOCIAL AS A CHAPTER AT LEAST TWO (2) TIMES WITH FIVE (5) OR MORE MEMBERS

DATE OF SOCIAL	DESCRIBE OUTING/EVENT	MEMBERS WHO ATTENDED

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<i>AT LEAST 5% OF THE CHAPTER OBTAINED AN "A" PROFICIENCY CERTIFICATE</i>		<i>MEMBERSHIP AS OF MAY 31, 2024</i>	<i>AT LEAST 5% OF THE CHAPTER PARTICIPATED IN BEE SMART RITUALISTIC ACHIEVEMENT.</i>	
MEMBER'S NAME	DATE EARNED		MEMBER'S NAME	DATE EARNED
		<div style="border: 2px solid blue; width: 100px; height: 60px; margin: 0 auto;"></div>		