

**CHAPLAIN RECOGNITION PROGRAM  
YEAR-END REPORT**

**DUE TO DEPARTMENT CHAIRMAN BY APRIL 20, 2022**

**AUXILARY NAME** \_\_\_\_\_ **NUMBER** \_\_\_\_\_ **DISTRICT** \_\_\_\_\_

Outstanding Auxiliary Chaplain:  
Auxiliary Chaplain's Name \_\_\_\_\_ Aux # \_\_\_\_\_

Outstanding District Chaplain:  
District Chaplain's Name \_\_\_\_\_ District # \_\_\_\_\_

**For Both Awards:**

**Pictures, card logs, visits, things you made for the sick, etc. all should be included with your report.**

**“We Tip Our Hats To Vets”  
“Soaring Above & Beyond”**