

**2024 HEALTH & WELLNESS COMMUNITY SERVICE PROJECTS**

**AWARD ENTRY & NARRATIVE**

<b>CLUB NAME</b>		<b>GENERAL/JUNIOR/JUNIORETTE</b>	
<b>CLUB PRESIDENTS NAME</b>		<b># OF DUES PAYING MEMBERS</b>	
<b>EMAIL ADDRESS</b>		<b>DISTRICT NAME</b>	

Health & Wellness Community Service Projects	TOTAL # Programs/Projects	TOTAL Volunteer Hours	TOTAL Dollars Donated	TOTAL In Kind Donations

HEALTH & WELLNESS COMMUNITY SERVICE PROJECTS	VOLUNTEER HOURS	DOLLARS DONATED	IN KIND DONATIONS
1.			
2.			
3.			
4.			
5.			

**NARRATIVE:**

- List projects and/or programs held in the **Health & Wellness Community Service Projects**.
- DO NOT include GFWC Health & Wellness Affiliate projects
- WHO? WHAT? WHERE? WHY? HOW?
- Include statistics for each project and/or program area.
- Remember to report your totals from this Award Entry Form on your club's GFWC KY CSP Report Form.
- Your totals from this form and the GFWC KY CSP form should match.
- Include information about the impact of your project upon the community and list other community groups involved.
- Keep one copy of this report for your club's files.
- Award Entries are limited to Two (2) additional pages, single-spaced.

MAIL REPORTS TO  
GFWC KENTUCKY HEADQUARTERS  
P O BOX 1587  
FRANKFORT, KY 40602

FILLABLE REPORT FORMS SHOULD BE EMAILED TO:  
reporting@gfwcky.org

DEADLINE: POSTMARKED BY FEBRUARY 1<sup>ST</sup>

## NARRATIVE