

**Innovative Program Award Application**

The mission of Lutheran Outdoor Ministries (LOM) is to encourage, educate, equip and empower camp and retreat center leaders. LOM will present a $1,000 award to an LOM member organization that has highlighted an innovative program within their organization. An innovative program could include but is not limited to: a new program, serving your population in a new way, reaching out to new populations in your area, something that benefits the environment or teaches environmental issues, etc. This original form must be completed, signed, and returned by September 1, 2018, in order to be considered for the award. The award will be presented at the Annual LOM Conference, November 5-9, 2018.

ORGANIZATION NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

TELEPHONE: (­ \_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX NUMBER: ( \_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Organization Telephone Number Organization Fax Number

CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Email Address Contact Telephone Number

Is your organization a member of Lutheran Outdoor Ministries? □ Yes □ No

In the event of an award, please draft the check to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE FULLY PROVIDE THE FOLLOWING INFORMATION BY ATTACHING SUPPLEMENTAL PAGES

1. Project title of your organization’s innovative program.
2. Purpose of project (state in one concise paragraph).
3. Description of project including who benefits (provide complete and detailed information).
4. Any other information your organization would like to share about the project.
5. Please also provide, by email, photos and/or video that can be used during award presentations at the LOM Conference and in LOM newsletters.

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SIGNATURE TITLE DATE

**Application Deadline: September 1**

**Please submit original application by email to:**

Don Johnson, Executive Director, LOM

director@lomnetwork.org