<YOUR NAME>  
 <YOUR STREET  
 <YOUR CITY STATE ZIP>  
“Dad” Greg Schaeffer   
2901 Fox Lane   
Poughkeepsie, NY 12603  
(You may also send via email to [gregsch@gmail.com](mailto:gregsch@gmail.com))

<TODAY’S DATE>

FINAL LETTER OF INTENT FOR PMC-MSA   
<MUST BE POSTMARKED 10 DAYS AFTER LEAVING OFFICE   
<The prompts are designed to help you think about your term, there is no required length for a response. Please have this typed.>

Dear “Dad” Schaeffer:

This letter represents the summary and explanation of my term as Master Councilor as required by the qualifications detailed in the Leaders Resource Guide and under New York DeMolay policy for the PMC-MSA Award.  
  
Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your DeMolay ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My term began on (start date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My term ended on (closing date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Exemplify both degrees of the Order, along with my degree teams, from memory, at least once during my term of office.**  
  
The degrees were performed on the following dates:

What went well?  
  
  
  
  
What could have gone better?  
  
  
  
  
What would you recommend to your successor?

**2. Induct my pro-rata share of the Chapter’s membership goal during my term, or the Chapter must initiate its total Chapter membership goal during the year that began with my installation:**Our goal was \_\_\_\_\_\_\_\_ We inducted \_\_\_\_\_ new brothers   
  
Please list all of the new members you brought in:  
1. 7.  
2. 8.  
3. 9.  
4. 10.  
5. 11.  
6. 12.

What went well?  
  
  
  
  
What could have gone better?  
  
  
  
  
What would you recommend to your successor?  
  
  
  
  
Describe if you did an orientation or retention program?

**3. Required Events: the PMC-MSA requires that you hold at least one social, civic service, Masonic service, athletic and fund-raising activity in the Chapter.**  
  
**Our Social event was:**

It was held on:

Briefly describe what you did:  
  
  
  
What went well?  
  
  
  
  
What could have gone better?  
  
  
  
  
What would you recommend to your successor?  
  
  
  
  
**Our Civic Service event was:**

It was held on:

Briefly describe what you did:

What went well?  
  
  
  
  
What could have gone better?  
  
  
  
  
What would you recommend to your successor?

**Our Masonic Service event was:**

It was held on:

Briefly describe what you did:

What went well?

What could have gone better?

What would you recommend to your successor?  
  
  
  
  
  
**Our Athletic Event was:**

It was held on:

Briefly describe what you did:

What went well?

What could have gone better?  
  
  
  
  
What would you recommend to your successor?

**Our Fundraising event was:**

It was held on:

Our total income was:

Our total expenses were:

Our total profit was:

Briefly describe what you did:

What went well?  
  
  
  
What could have gone better?

What would you recommend to your successor?

**4. Observe each Obligatory Day that falls during my term: (Delete the days not in your term)**

**Devotional Day (March 18 or a day close to it)**  
What we did:  
  
What went well?  
  
  
  
  
What could have gone better?  
  
  
  
  
What would you recommend to your successor?

**Patriots’ Day (in February)**  
What we did:  
  
What went well?  
  
  
  
  
What could have gone better?  
  
  
  
  
What would you recommend to your successor?

**DeMolay Day of Comfort (November-December)**  
What we did:  
  
What went well?  
  
  
  
  
What could have gone better?  
  
  
  
  
What would you recommend to your successor?

**Educational Day (September)**  
What we did:  
  
  
What went well?  
  
  
  
  
What could have gone better?  
  
  
  
  
What would you recommend to your successor?

**Parents Day (May-June)**  
What we did:  
  
  
What went well?  
  
  
  
  
What could have gone better?  
  
  
  
  
What would you recommend to your successor?

**My Government Day (July)**  
What we did:

What went well?  
  
  
  
  
What could have gone better?  
  
  
  
  
What would you recommend to your successor?

**Frank S. Land Memorial Day (November)**  
What we did:  
  
  
What went well?  
  
  
  
  
What could have gone better?  
  
  
  
  
What would you recommend to your successor?

**5. Establish a program that increases or maintains a high level of attendance at Chapter meetings:**

What we did:  
  
  
  
  
What went well?  
  
  
  
  
  
What could have gone better?  
  
  
  
  
  
What would you recommend to your successor?

**Closing thoughts:** Please share with us how you think the term went overall and any feedback you may have. If not specifically indicated above, please provide additional information here for consideration in the awarding and qualification of the PMC-MSA award. This should include both positive and negative outcomes.

SIGNATURE AND CONFIRMATION OF MASTER COUNCILOR:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, confirm that all of the information contained in this document is accurate and correct.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHAPTER ADVISOR CONFIRMATION:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, confirm that all of the information contained in this document is accurate and correct.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHAPTER CHAIRMAN CONFIRMATION:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, confirm that all of the information contained in this document is accurate and correct.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_