

**CHECK SHEET – AUXILIARY USE ONLY – DO NOT SUBMIT WITH ENTRY**

**AUXILIAN OF THE YEAR**

**DUE JULY 1<sup>ST</sup> - SEND TO CONVENTION CHAIR**

\_\_\_\_\_ Nominator is a member of the nominee's auxiliary.

\_\_\_\_\_ Nominee may not have been a previous winner.

\_\_\_\_\_ Completed Application.

\_\_\_\_\_ Typed and Double spaced.

\_\_\_\_\_ Two (2) copies.

\_\_\_\_\_ 500 words or less.

\_\_\_\_\_ Signed by the Nominator.

\_\_\_\_\_ Signed by the Hospital Administrator.

\_\_\_\_\_ Copy of Application must be attached to each copy.

\_\_\_\_\_ Newspaper, magazine and/or newsletter articles MAY be included.

\_\_\_\_\_ NO photos or videos.

\_\_\_\_\_ Award is to be given for nominee's accomplishments in the  
**IMMEDIATE PAST FISCAL YEAR OF AUXILIARY.**

**PLEASE NOTE: NOMINEE IS SINGULAR, TEAM NOMINATIONS ARE NOT ELIGIBLE.**