



La Societe Des 40 Hommes et 8 Chevaux

Grande Voiture d' Illinois



OFFICIAL APPLICATION

PREMIERE NURSE OF THE YEAR AWARD

1. CANDIDATES NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Incl. phone No)

2. RECOMMENDED BY VOITURE NO. \_\_\_\_\_ COUNTY \_\_\_\_\_

3. NUMBER OF YEARS CANDIDATE HAS BEEN A REGISTERED NURSE \_\_\_\_\_  
( A minimum of five years required)

4. SUBMIT A BRIEF BIOGRAPHICAL SKETCH OF THE CANDIDATE.  
(Include education, family background, fraternal and social organizations and a recent photo.) Double space, limit to 250 or less.

5. SUMMARIZE NURSING EXPERIENCE OF CANDIDATE.  
( Double space, limit to 250 words or less.)

6. WHAT QUALIFIES THIS CANDIDATE FOR THE PREMIERE NURSE OF THE YEAR AWARD?  
(Double space, limit to 500 words or less.)

7. HAS THE CANDIDATE EVER RECEIVED ANY AWARDS FOR OUTSTANDING SERVICE IN THE FIELD OF NURSING? (If so, what honor/honors have they received?)

8. LETTERS OF RECOMMENDATION:

- a Attach letters of recommendation from the candidates superiors, Nursing Administrators, Doctors, Hospital Administrators or any others directly involved with this candidate in the course of their duties.)
- b. Attach letters of recommendation from those not in the Health Care Profession. (Former patients, patient families, friends of former patients, members of the clergy, or any others not directly involved with Health Care.)
- c. Attach any published articles, pictures etc. concerning the Candidate, if any are available.

9. IN THE EVENT THE CANDIDATE IS CHOSEN AS THE RECEIPIENT OF THIS AWARD, WILL HE/SHE BE AVAILABLE TO ATTEND THE AWARD CEREMONIES?

Submitted by: \_\_\_\_\_ Title \_\_\_\_\_

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

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Chef de Gare Voiture Local # Correspondant