



Nurses of the Year Application Form



Person Completing This Form

Name: _____

E-Mail of Person Completing this form

Name of Nominee

Title

Facility/Organization

Address:

Street Address _____ City _____ State _____ Zip _____

Nominated By

_____ Title _____

Facility _____ Address _____

_____ State _____ Zip Code _____

✓ I have confirmed that the nominee plan attends the annual Grande Promenade.

_____yes _____no

- ✓ List two Media that should receive a Press release about the nomination.

Name _____ Address _____ Tel. _____

Name _____ Address _____ Tel. _____

Attributes

- **Significant Achievements** (Attached additional information if necessary Require) _____

- **Leadership, Supervisory, and Teamwork Skills** - (Attached additional Information if necessary Require) _____

- **Where innovation has been, employed** - (Attached additional information if necessary Require) _____

- **Give specific examples of how the nominee shows outstanding compassion** - (Attached additional information if necessary Require) _____

Authorization Information:

I release to the La Societe des Quarante Hommes et Huit Chevaux the right to view my current and ongoing personal and academic records and transcripts for scholarship selection. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for the current fiscal year of the request.

I understand and remit my name and information from my academic history to the scholarship selection committee(s) and the scholarship donor(s). If awarded a scholarship, I release to the La Societe des Quarante Hommes et Huit Chevaux the right to arrange a meeting with the donor(s) and use my name, story, picture for printed, video materials, reports, and press releases, without compensation, as well as I

will attend ceremonies and receptions. I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship.

Signature of Applicant _____ Date _____

IMPORTANT- Each Nomination packet must include this form filled out and signed. If this form is omitted or incomplete, the nomination disqualified from the national competition. Review Nurses Training Application Guidelines for any additional requirements and endorsed all documents attached is the property of La Societe des Quarante Hommes et Huit Chevaux.

Signature of Grande Correspondant _____ **Date** _____