

NOMINATION APPLICATIONS ACCEPTED JANUARY 1 TO AUGUST 31 FOR THAT YEAR'S AWARD.



**ILLINOIS ACTIVITY
PROFESSIONALS ASSOCIATION**

dedicated to enriching the education and professionalism of those involved in activities to enhance the quality of life for individuals residing in a variety of care settings in Illinois

APPLICATION FOR GAYLE ALLEN-BURKET SCHOLARSHIP

This scholarship was founded in 1995 and is named for Gayle Allen-Burket. She was a mentor to many Activity Professionals and a nationally known educator in the field of Activities. She served IAPA in numerous capacities and completed a four-year term as President in 1994. Gayle began her career as an Activity Assistant and always encouraged Activity Assistants to take advantage of each educational opportunity. She recognized potential and endeavored to mentor others to use their leadership skills. She was supportive and advocated professionalism through example. This scholarship to the IAPA Conference is given in honor of Gayle Allen-Burket, to the Activity Assistant who has demonstrated professionalism, quality and leadership as an Activity Professional.

The winner receives free registration to the annual IAPA Conference

Criteria: The nominee must:

- Current member in IAPA or be represented by a facility membership
- Demonstrate ways of gaining knowledge and new skills related to the Activity profession
- Use acquired knowledge and skills to provide innovative programs for the residents/clients
- Demonstrate creativity
- Demonstrate leadership
- Demonstrate concern for residents/clients
- Submit letters of reference in support of nominee's qualifications/qualities
- Attend the annual IAPA conference

Important! Information must be typed or very legibly PRINTED.

NOMINEE —

Name _____ Job Title _____

Facility/Agency _____

Work Address (Include City & Zip Code) _____

Home Address (Include City & Zip Code) _____

Phone Numbers (Include Area Codes) Work _____ Home _____

Email _____

NOMINATION SUBMITTED BY —

Name _____ Job Title _____

Address _____

Phone Numbers (Include Area Codes) Work _____ Home _____

Email _____

REQUIRED INFORMATION FOR NOMINATION —

Number of Years in Current Job _____ No. of years in field of Activities _____ No. of years in IAPA _____

Name of local Association _____ No. of years as Member _____

EDUCATION: (A current resume is also acceptable.)

Last school attended / Year(s) / Degree or Major _____

List any specialized training and continuing education courses and dates completed: (Copies of certificates are also acceptable.)

Outstanding achievements and innovative programs developed by nominee

REFERENCES: List names of those whose reference letters are enclosed & their relationship to nominee.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Submit as many references as you feel are appropriate to demonstrate nominee's qualifications for this award.

Each reference letter or additional page, **MUST** have the nominee's name at the top.

Use 3-ring binders or loose-leaf binders when submitting letters and pictures.

DEADLINE: Must be RECEIVED by August 31st! MAIL APPLICATION & REQUIRED ENCLOSURES TO:

**IAPA AWARDS COMMITTEE
1711 W. Oakton • Arlington Heights, IL 60004 • 847/342-1814**