

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 LARRY - MADGE AWARD

This award was founded in 1987 and is named after Larry Ver Steegh and Madge Schweinsberg. Both women were founders and leaders of their local Activity organizations, as well as IAPA. Together and individually, they imparted leadership skills and were advocates of Activity professionalism. This award is given, in memory of Larry and Madge, to the Activity Professional who excels in these leadership qualities.

The winner receives a plaque for themselves and a cash prize for their local association

Criteria: The nominee must:

- Current member in IAPA or be represented by a facility membership
- Current member in a local Activity Association
- Current or past officer in his/her local Activity Association
- Have contributed in some way to IAPA
- Be an inspiration to association members by his/her example
- Possess the quality of positive leadership
- Promote IAPA through his/her involvement
- Contribute to the enhancement of the Activity profession through support of, and participation in continuing education
- 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 _____

Office(s)/Position(s) and dates held in local Association _____

DESCRIBE HOW NOMINEE MEETS THE FOLLOWING CRITERIA:

CONTRIBUTIONS TO LOCAL AND STATE ASSOCIATION _____

INSPIRATION TO ASSOCIATION MEMBERS BY EXAMPLE _____

QUALITY OF POSITIVE LEADERSHIP _____

PROMOTES IAPA THROUGH THEIR INVOLVEMENT _____

CONTRIBUTIONS TO ENHANCING THE ACTIVITY PROFESSION WITH CONTINUING EDUCATION _____

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