



**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 a minimum of three 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 \_\_\_\_\_

**OPTIONAL INFORMATION FOR NOMINATION —**

Number of Years in Current Job \_\_\_\_\_

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.)

**REQUIRED INFORMATION FOR NOMINATION —**

Outstanding achievements and innovative programs developed by nominee

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Submit a minimum of three references to demonstrate nominee's qualifications for this award.

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

*Email an album of pictures, videos and/or letters or mail a three ring binder of these items*

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

**IAPA AWARDS COMMITTEE**

**Tina Abhsie, 402 S. Franklin St., Milford, IL 60953 or [mrsabhsie2014@gmail.com](mailto:mrsabhsie2014@gmail.com)**