

Alabama Association of Nursing Students

69th Annual Convention

Awards Booklet

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Letter to Association Members

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The Awards:

**Group 1:**

The following awards will be determined automatically by AANS and **DO NOT** require any submission:

* Most Association Members to Pre-Register for Convention

**Group 2:**

The following awards require the submission of forms and documentation as indicated:

* Outstanding Chapter President Award
* Outstanding Executive Member Award (State Level)
* Outstanding Executive Member Award (Chapter Level)
* Leader of Leaders Award
* Outstanding Community Health Project Award
* Outstanding Breakthrough to Nursing Project Award
* Outstanding Legislative Project Award

AANS **Chapter of Champions** Awards

Dear Association Members:

The Alabama Association of Nursing Students will sponsor the 69th Annual *AANS Convention* in Fall of 2019. Each year at the convention, the AANS is pleased to sponsor a number of awards available to local chapters as well as outstanding individuals that have shown commitment and leadership throughout the year. On behalf of the executive board, I would like to invite all chapters and AANS members to consider submitting applications for the various awards presented in this booklet, as well as for our **Chapter of Champions** awards. This is an excellent opportunity to improve the visibility of your local chapter and to receive recognition for your hard work during the 2018-2019 year. For assistance in preparing your applications, or for any general questions, please feel free to contact me at president.aans@gmail.com. I am here to help you! Submitted applications will be reviewed and awards will be given out during the Annual Conferece. We kindly request that all those submitting applications please register for the convention in advance to assure your spot at the Awards Banquet. Again, should you have any questions please feel free to contact me.

Sincerely,

Carter McDonald, AANS President

president.aans@gmail.com

**Instructions for Submitting Awards**

1. Submit a copy of your school logo for chapter awards and a photo for

individual awards.

2. Include documentation as indicated, such as newspaper clippings, letters, cards, photos, etc.

3. Unless otherwise instructed, awards should be submitted to:

**President.aans@gmail.com**

**Subject line: ATTN: AWARDS APPLICATION**

4. Chapters and individuals must be association members to submit for and

receive an award.

5. The award documentation time period is from Fall 2018 through Summer

2019.

6. Applicants must be registered to attend the AANS 69th Annual Convention and must be present to be eligible.

**Award for “Most Association Members to Pre-Register**

**for Convention”**

The school chapter that has the highest number of association members to **pre-register for the convention** will be recognized. For a student to be considered pre-registered, they must submit their registration form 7 days before the Annual Convention. AANS will determine the winner. No submission is required by the school chapter. All school chapters, however, should have a representative at the Awards Banquet.

ALABAMA ASSOCIATION OF NURSING STUDENTS

69th Annual Convention

**Outstanding Chapter President Award**

This award is to recognize the school chapter President for outstanding leadership skills and accomplishments during their term. Successfulness in increasing membership and implementing worthy community, legislative, and Breakthrough to Nursing projects are a few of those activities desired for an outstanding leader.

Nominee Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Chapter:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location (City):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of Chapter Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Chapter Members that are AANS/NSNA Members: \_\_\_\_\_\_\_\_\_\_

Describe the following items fully with appropriate documentation as listed below:

1. Provide letters of support from the Dean/Director, Chapter Advisor, Clinical Instructor and/or Faculty (three letters total). **20 points**

2. Describe your accomplishments during your term of office (membership, projects, fundraisers, community service, etc.). **25 points**

3. Write your future professional goals. **15 points**

4. Explain why you chose nursing as your career. **15 points**

5. Provide a resume that includes your GPA and other awards, accomplishments, and volunteer activities during your term of office. **25 points**

ALABAMA ASSOCIATION OF NURSING STUDENTS

69th Annual Convention

**Outstanding Executive Member Award**

This award is to recognize the chapter officer who has demonstrated leadership and camaraderie among the officers and students within the school. An officer who has performed the designated task of the office beyond their office duties and responsibilities will be acknowledged, in addition to personal accomplishments during their term.

Nominee Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Held:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Chapter:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location (City):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the following items fully with appropriate documentation as listed below:

1. Described how the officer demonstrated leadership and

camaraderie among the other officers and students and advisors within

the chapter. **40 points**

2. Describe how the officer went above and beyond in the performance of their duties and responsibilities throughout their term. **30 points**

3. Describe the accomplishments of the officer during their term of

office (membership, projects, fundraisers, community service, etc.).

**30 points**

4. Write a brief summary about the officer that could be used at the

Awards Banquet (no more than ½ a page).

To submit for this award please email president.aans@gmail.com.

ALABAMA ASSOCIATION OF NURSING STUDENTS

69th Annual Convention

**Leader of Leaders Award**

This award is to recognize the school chapter Faculty Advisor for outstanding service to the school chapter, the AANS, and the NSNA. Successfulness in increasing membership, implementing worthy community, legislative, and Breakthrough to Nursing projects, promoting attendance at state and national conventions, and promoting membership in ASNA for nursing graduates are a few of those activities desired for an

outstanding advisor.

Nominee Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Chapter:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location (City):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Chapter Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Chapter Members that are AANS/NSNA Members:\_\_\_\_\_\_\_\_\_\_

Describe the following items fully with appropriate documentation as listed below:

1. Served a minimum of two years as advisor or consultant. **5 points**

2. Documentation of increases in membership from September 1, 2018–

September 1, 2019. *(This information will be provided by AANS. The school chapter does not need to submit anything for this item.)* **20 points**

3. Successful Breakthrough to Nursing, Community Health, Legislative, and

Fundraising project. **45 points**

4. School members serving as AANS and/or NSNA officers. **20 points**

5. Documentation of the number of students attending the 2018 NSNA Mid-

Year Convention, the 2019 NSNA Annual Convention, the 2019 ASNA

FACES Sessions, and the 2018 AANS Annual Convention. **10 points**

ALABAMA ASSOCIATION OF NURSING STUDENTS

69th Annual Convention

**Outstanding Project Award**

This award is given to honor outstanding chapter projects throughout the 2018-2019 year.

Please indicate the type of project for which you are submitting:

Community Health, Breakthrough to Nursing, Legislative action

Project Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Chapter:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location (City):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Chapter Members that Participated in Project:\_\_\_\_\_\_\_\_\_

Describe the following items fully with appropriate documentation as listed below:

1. General description of the project to include: dates, sites, number of people attending, collaboration with non-nursing students or professionals (if applicable), community organizations that assisted with the project, cost of the project (include budget if applicable). **20 points**

2. Detailed description of how the project was conducted. **30 points**

3. Description of the benefits of the project, what was learned, and how the

project could be implemented by other chapters. **30 points**

4. Description of how the project was advertised/publicized/promoted in all

forms of media. Attach any publicity or other materials used. **20 points**

ALABAMA ASSOCIATION OF NURSING STUDENTS

69th Annual Convention

**Chapter of Champions Award**

**What is the Chapter of Champions Award?**

The Chapter of Champions Award is given each year to the school chapter that has demonstrated exemplary commitment to and involvement in the Alabama Association of Nursing Students. The award will be given annually at the AANS State Convention

**How are points calculated?**

The award will be determined by the school that accrues the most points in 8 categories that also submits the proper documentation. The categories are as follows:

**Category 1: MEMBERSHIP**

* Three (3) points will be awarded for each chapter who increases membership above their total from September 1 of the previous year to September 1 of the current year. An additional two (2) points will be awarded if the increase is greater than ten percent (10%) or ten (10) members, whichever number is larger. If a school participates in a Total School Enrollment program, five (5) points will automatically be awarded.
* The top portion (information section) of the Membership Summary Sheet must be completed. Membership will be calculated automatically by AANS without submission of documentation.

**Category 2: AANS EXECUTIVE BOARD MEETINGS**

* One (1) point will be awarded for chapter attendance at any AANS Executive Board meeting. The point is based on the chapter’s attendance only and not the total number of attendees from the chapter. One (1) point is available for EACH meeting.
* The top portion (information section) of the AANS Executive Board Meeting Summary Sheet must be completed. Attendance will be taken at all Executive Board meetings by AANS so no submission of documentation will be required.

**Category 3: LEGISLATIVE DAY**

* Five (5) points will be awarded for participation in the AANS/ASNA Legislative Day in Montgomery, regardless of the total number in attendance.
* The Activity Form signed by the chapter advisor must be submitted.

**Category 4: FACES DAY**

* Five (5) points will be awarded for participation in the AANS/ASNA FACES Day, regardless of the total number in attendance.
* The Activity Form signed by the chapter advisor must be submitted.

**Category 5: CHAPTER PROJECTS**

* One (1) point will be awarded for each chapter community health, legislative, or breakthrough to nursing project, up to a maximum of five (5) points.
* The Activity Form signed by the chapter advisor must be submitted for each project, up to a total of five (5) projects.

**Category 6: LEADERSHIP**

* Two (2) points will be awarded for each chapter member that is on the AANS Executive Board and has completed his/her designated term.
* One (1) point will be awarded for each chapter member pre-slated to run for office at the AANS Annual Convention.
* Two (2) points will be awarded for each chapter member running for office at the NSNA Annual Convention.
* Two (2) points will be awarded for each chapter member that receives an NSNA appointment (Up Close Reporter, Happenings Reporter, or Resolutions Committee).
* The Leadership Summary Sheet signed by the chapter advisor must be submitted.

**Category 7: NSNA CONVENTIONS**

* Three (3) points will be awarded for a chapter that had members attend the NSNA Mid-Year Conference, regardless of the total number in attendance.
* Two (2) points will be awarded for a chapter that credentialed all their delegates in the House of Delegates.
* Two (2) points will be awarded for a chapter that submits a resolution.
* Two (2) points will be awarded for a chapter that receives a national award.
* The NSNA Convention Summary Sheet signed by the chapter advisor must be submitted.

**Category 8: AANS ANNUAL CONVENTION**

* Two (2) points will be awarded for a Chapter that credentialed all their delegates in the House of Delegates.
* Two (2) points will be awarded for each state award that a chapter received at the previous AANS Annual Convention.
* One (1) point will be awarded for each state award application that is submitted by a chapter prior to the deadline for the upcoming AANS Annual Convention.
* The AANS Convention Summary Sheet signed by the chapter advisor must be submitted.

**How does the Chapter apply?**

Each chapter wishing to be considered for the Chapter of Champions Award must submit their application prior to the deadline.

* The first page should be the “AANS Chapter of Champions Award Tally Sheet”. All of the identifying information for the Chapter must be completed in the top section. In the tally table, ONLY complete the “Document Attached” column, describing which forms are included. If you are not requesting points in a certain category, put “N/A or Not Applicable.” DO NOT complete the “Points” column, as this will be done by AANS.
* For categories 1 and 2, please complete the identification portion of the form. The rest will be filled in by AANS.
* Please note that no points are given for presentation. As long as proper documentation is provided in the proper format, do not worry about how it looks. Photocopies of attendance sheets, flyers, etc. are adequate.
* Consultants are asked to sign all documentation forms. This is not a legal, binding reference to witnessing each and every member’s attendance at activities, but a general recognition that the consultant was aware that the activity occurred as stated.
* All of the required documentation forms are attached.

**When will we find out if our chapter is a winner?**

Chapter of Champions Award winners will be notified at the Awards Banquet at the AANS Annual Convention. A representative from all school chapters applying for the award is requested to attend the ceremony.

**What if I have questions about the application?**

If you have any questions, feel free to send us an e-mail to president.aans@gmail.com and put “Chapter of Champions Award” in the subject line.

**AANS Chapter of Champions Award**

**TALLY SHEET**

Year: 2018-2019

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**POINTS\* CATEGORY DOCUMENTATION\*\***

1. Membership \_\_\_\_\_\_\_\_\_

2. AANS Executive Board Meetings \_\_\_\_\_\_\_\_\_

3. Legislative Day \_\_\_\_\_\_\_\_\_

4. FACES Day \_\_\_\_\_\_\_\_\_

5. Chapter Projects \_\_\_\_\_\_\_\_\_

6. Leadership \_\_\_\_\_\_\_\_\_

7. NSNA Conventions \_\_\_\_\_\_\_\_\_

8. AANS Annual Convention \_\_\_\_\_\_\_\_\_

**TOTAL ………………………………………………………………..\_\_\_\_\_\_\_\_\_**

\*Please do not fill out the POINTS column. This will be done by AANS.

\*\*Please list the documentation form(s) attached. If you are not requesting points for a particular category, please list “N/A or Not Applicable”.

**AANS Chapter of Champions Award**

**Category 1: Membership Summary Sheet**

Year: 2018-2019

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*\*Please leave the following blank. It will be completed by AANS.

Membership as of 09-01-17: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership as of 09-01-18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

% Change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

10% of membership as of 09-01-17: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Larger of 10% or 10 people: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

> 10% increase of 10 people: Yes No

Total School Enrollment: Yes No

Points: Increase (3 points) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

> 10% or 10 (2 points) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Points\* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*If school participates in Total School Enrollment, five (5) points will automatically be awarded.\*

**AANS Chapter of Champions Award**

**Category 2: AANS Executive Board**

**Meeting Summary Sheet**

Year: 2018-2019

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*\*Please leave the following blank. It will be completed by AANS.

Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

List of Attendees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

List of Attendees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

List of Attendees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

List of Attendees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Points: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AANS Chapter of Champions Award**

**Categories 3, 4, 5: Activity Form**

**Please indicate the activity:**

Legislative Day, FACES, Chapter Project

Year: 2018-2019

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please attach a signature sheet including all members that participated.

Description of activity:

Comments (numbers served or reached, success of activity, feedback, etc.):

Attached documentation/evidence of activity: Yes No

Described documentation/evidence:

**AANS Chapter of Champions Award**

**Category 6: Leadership Summary Sheet**

Year: 2018-2019

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*\*Please leave the POINTS column blank. It will be completed by AANS.

POINTS

1. Number of AANS Executive Board Members \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Must complete a full term.)

List of names and offices held:

2. Number of candidates at AANS Convention \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Must be pre-slated.)

List of names and offices seeking:

3. Number of candidates at NSNA Convention \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List of names and offices seeking:

4. Number of NSNA Appointments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List of names and positions held:

Total Points: **\_\_\_\_\_\_\_\_\_\_**

**AANS Chapter of Champions Award**

**Category 7: NSNA Convention Summary Sheet**

Year: 2018-2019

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Members attending NSNA Mid-Year Convention? Yes No

Please attach a signature sheet including all members that attended.

2. Delegate credentialing for NSNA Annual Convention:

Please attach a signature sheet including all delegates and alternates.

Number of possible delegates \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total delegates credentialed \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Did you submit a resolution? Yes No

Please attach the resolution abstract.

4. Did you receive a national award at Convention? Yes No

\*A maximum of two (2) points is awarded for this category no matter how many awards were won.

Please list the name of the award(s):

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Points: Mid-Year Convention (3 points) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate Credentialing (2 points) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resolution (2 points) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Award (2 points) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Points **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AANS Chapter of Champions Award**

**Category 8: AANS Convention Summary Sheet**

Year: 2018-2019

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Delegate credentialing for AANS Annual Convention:

Please attach a signature sheet including all delegates and alternates.

Number of possible delegates \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total delegates credentialed \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Did you submit a resolution? Yes No

Please attach the resolution abstract.

3. Did you receive a state award at previous convention? Yes No

Please list the name of the award(s):

4. Did you apply for a state award for upcoming convention? Yes No

Please list the name of the award(s):

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Points: Delegate Credentialing (2 points) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resolution (2) points \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous State Award (2 points each) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upcoming State Award (1 point each) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total points **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**