



WSAAP AWARD FORM

FOR

ACTIVITY DIRECTOR OF THE YEAR

ACTIVITY ASSISTANT OF THE YEAR

ACTIVITY SUPPORT PERSON OF THE YEAR

ADMINISTRATOR OF THE YEAR

Your Name _____

Address _____

E-Mail and Phone Number _____

Circle the one you are honoring:

ACTIVITY DIRECTOR

ACTIVITY ASSISTANT

ACTIVITY SUPPORT PERSON

ADMINISTRATOR

CRITERIA FOR NOMINATION

1. Must be a current WSAAP member in good standing, unless you are nominating support person or administrator of the year.
2. Nominated by a WSAAP chapter, facility, administrator, or another Activity Professional
3. 2 Years of Experience
4. Community Involvement (past and present)
5. Any other letters of support
6. What makes this person a good nomination for the _____ of the Year

Name of Nominee _____

Organization/Chapter _____

Statement or attached letter _____

NOMINATION DEADLINE

May 1, 2022

PLEASE RETURN TO:

Ladybug_vw@yahoo.com & suzg987@gmail.com