



MN SWAP Award Nomination for “Activity Professional Award of Excellence”

Please provide detailed information to the following questions. Use additional pages if needed.

Name of Nominee: _____

Address of Nominee: _____

Phone # of Nominee: _____

Email of Nominee: (if available) _____

Name of Nominator: _____

Address of Nominator: _____

Phone # of Nominator: _____

Email of Nominator: _____

Brief summary for reason of nomination:

Nomination for the Activity Professional Award of Excellence needs to include no more than three letters (one page each) of support. One of the supporting letters must be from the facility administrator. Please do not include any identifying information such as facility name or person's name if possible. Use “she” or “he” in place of person's name. Include this form along with supporting letters and submit to the MN SWAP Vice President no later than by July 1st.



MN SWAP Award Nomination for “Activity Professional Award of Excellence”

Number of years the individual has been in the Activity Profession

Involvement in activity professional groups and organizations

Contributions and promotion to the Activity profession have been:
(Example: committees, memberships, positions held or volunteering local, regional, state)

Special skills this individual has in their role as activity professional
(Example: creativity, leadership abilities, communication, etc.)

Projects this individual has done that enhance the Activity program, department and/or facility

Relevant education and/or certifications received to the field of Activities

Special recognition, accomplishments and/or awards received throughout their career

Describe why you feel this individual stands out above all others and is deserving of this award: