



# MN SWAP Award Nomination for “Excellence in Administration Award”

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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 Excellence in Administration Award needs to include no more than two letters (one page each) of support. Describe how the nominee has supported the field of activity/recreation service and the facility/agency staff and program. Also give specific examples of the nominee's support of the MN SWAP member's involvement in professional associations, continuing education endeavors, and professionalism. Include this form along with supporting letters and submit to the MN SWAP Vice President no later than by July 1<sup>st</sup>.



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Number of years in the aging services profession:

This individual’s job experience, skills, creativity, and projects that have improved the conditions for residents, staff, and others include:

This individual has demonstrated support of Activities field by:  
(Example: how they support activities within the management team, budgets, etc.)

This individual has demonstrated support of the Activity Professionals by:  
(Example: organizational memberships, continuing education, etc.)

Awards and other special recognition this individual has received throughout their career have been:

Define, in your own words, why you feel this individual stand out above all others and is deserving of this award.