

**PDP NORA MCPHERSON MEMORIAL
SCHOLARSHIP AWARD
Presented by Auxiliary #78**

Awarded to the Auxiliary contributing the most for Scholarship with the largest percentage per member, specify the amount of money contributed, as well as identify the persons or institutions receiving the same.

ENTRY FORM REQUIRED:

Service report forms must be filed with the Department Scholarship Chairman to be eligible.

Auxiliary # _____ City _____

Amount to Scholarship Fund: \$ _____

Person(s) or institution(s) receiving funds:

Signed: _____
Local Auxiliary President

Signed: _____
Local Auxiliary Scholarship Chairman

Entry form must be postmarked by: May 29, 2021

Mail to: **PNP Evelyn McElvin, Awards Chairman**
4332 Princehall Blvd
Orlando, FL 32811
Phone: 407-758-3392
E-mail: bleve123@aol.com

**PDP DELIA J. RAY MEMORIAL
HOSPITAL AWARD
Presented by Auxiliary # 30**

Awarded to the Auxiliary with the highest total evaluation in hospital work in the name of AMVETS Ladies Auxiliary, in terms of hours, money, etc.

PROOF REQUIRED:

Hours must coincide with reports submitted to the Department Hospital Chairman.

Auxiliary # _____ City _____

Number of hours served _____

Name of Hospital/s _____

ENTRY FORM REQUIRED:

Proof of work must be submitted in booklet form.

Signed: _____
Local Auxiliary President

Signed: _____
Local Auxiliary Hospital Chairman

Entry form must be postmarked by: May 29, 2021

Mail to: **PNP Evelyn McElvin, Awards Chairman**
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