

**PLEASE REMEMBER TO APPLY FOR ALL
PAST PRESIDENT'S AWARDS:**

A Salute to you, for all your hard work and dedication to the AMVETS Ladies Auxiliary and a Huge "Thank you" for all that you have done and all that you continue to do for our Department and Our veterans.



PDP Dorothy Johns
1988 - 1989



PDP Mary Lou Maslo
2008 - 2009



PNP Charlene Kee
1993 - 1995
PNP 2008 - 2009



PDP Donnajeanne Hakler-
Merritt
2011 - 2013

PNP Evelyn McElvin
1995 - 1996
PNP 2016 - 2017



PDP Estrella Young
2006 - 2008



PDP Trudy Wood
1978-1979 (ME)

**CHILD WELFARE SERVICE CHAIRMAN
AWARD**

Awarded to the Child Welfare Chairman demonstrating ability in forming committees to successfully complete projects and in forwarding legible and correct service reports promptly to the Department Chairman.

PROOF REQUIRED

Signed statement of confirmation from local President. Entries will be verified with the Department Chairman.

Auxiliary Number _____ City _____

Name of Chairman _____

Total Hours: _____ Evaluation: _____

PDP Sherry Marecek
2017 - 2019

ENTRY FORM REQUIRED

No Service Reports required

Signed: _____

Local Auxiliary President

Entry form must be postmarked by: May 31, 2026

Mail to: PNP Evelyn McElvin, Awards Chairman

**4332 Princehall Blvd
Orlando, FL 32811**

Phone: 407-758-3392

E-mail: bleve123@aol.com

**PDP DORIS A. MILLER MEMORIAL
CHILD WELFARE AWARD**

Awarded to the individual member who has done the most Child Welfare work on an individual basis.

PROOF REQUIRED

Signed entry form from Local President. Reports must be submitted to Dept. service officer.

Auxiliary _____ City _____

Number of projects participated in _____

Name of Member _____

ENTRY FORM REQUIRED

No service reports required

Signed: _____

Local Auxiliary President

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PDP LUCILLE T. HENSON MEMORIAL AWARD

Awarded to the individual Auxiliary member who has collected the most money for Auxiliary to send to the Department of Florida for the John Tracy Clinic. (Auxiliary projects not to be included in total)

PROOF REQUIRED

Signed entry form from her Auxiliary by her Local President and Treasurer.

Auxiliary Number _____ City _____

Name of Member _____

Total amount donated: _____

ENTRY FORM REQUIRED

No service reports required

Signed: _____

Local Auxiliary President

Signed: _____

Local Auxiliary Treasurer

Entry form must be postmarked by: May 31, 2026

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4332 Princehall Blvd
Orlando, Fl 32811
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E-mail: bleve123@aol.com

COMMUNITY SERVICE CHAIRMAN AWARD

Awarded to the Community Service Chairman demonstrating ability in forming committees to successfully complete projects and in forwarding legible and correct service reports promptly to the Department Chairman.

PROOF REQUIRED

Signed entry form from Local President. Entries will be verified with the Department Chairman.

Auxiliary Number _____ City _____

Name of Chairman _____

Total Hours: _____ Evaluation: _____

ENTRY FORM REQUIRED

No Service Reports required

Signed: _____

Local Auxiliary President

Entry form must be postmarked by: May 31, 2026

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**PDP BERTHA M. ALEXANDER MEMORIAL
COMMUNITY SERVICE AWARD**

Presented by Auxiliary #30

Awarded to the individual member doing the most outstanding work in Community Service in the name of AMVETS Ladies Auxiliary.

PROOF REQUIRED

Letter from local President explaining in detail the service done by the individual. Must have been reported to the Department Chairman.

Auxiliary # _____ City _____

Name of Member _____

Number of Projects participated in _____

ENTRY FORM REQUIRED

No Service Reports required

Signed: _____

Local Auxiliary President

Signed: _____

Local Auxiliary Community Service Chairman

Entry form must be postmarked by: May 31, 2026

Mail to:

PNP Evelyn McElvin, Awards Chairman
4332 Princehall Blvd
Orlando, FL 32811

Phone: 407-758-3392

E-mail: bleve123@aol.com

**PNP CHARLENE D. KEE
RONALD MCDONALD HOUSE AWARD**

Awarded to the Auxiliary with the highest total evaluation for Ronald McDonald House in the name of AMVETS Ladies Auxiliary, in terms of hours, money, etc.

PROOF REQUIRED

Hours must coincide with reports submitted to the Department Community Service Chairman.

Auxiliary # _____ City _____

Total Evaluation: \$ _____

ENTRY FORM REQUIRED

Signed: _____

Local Auxiliary President

Signed: _____

Local Auxiliary Community Service Chairman

Entry form must be postmarked by: May 31, 2026

Mail to: PNP Evelyn McElvin, Awards Chairman
4332 Princeall Blvd
Orlando, Fl 32811
Phone: 407-758-3392
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PDP DOROTHY JOHNS

AMERICANISM CHAIRMAN AWARD

Awarded to the local Americanism Chairman demonstrating ability in forming committees to successfully complete projects and in forwarding legible and correct service reports promptly to the Department Chairman.

PROOF REQUIRED

Signed entry form from local President.

Entries will be verified with the Department Chairman.

Auxiliary Number _____ City _____

Chairman's Name _____

Total Hours: _____ Evaluation: _____

ENTRY FORM REQUIRED

No Service Reports required

Signed: _____

Local Auxiliary President

Entry form must be postmarked by: May 31, 2026

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

**PDP DONNAJEANNE HAKLER MERRITT AMERICANISM
AWARD
(SHOW & TELL AWARD)**

Awarded to the Auxiliary showing the most interesting Program project for an Americanism project to be presented in booklet form.

PROOF REQUIRED

A description of an Americanism project along with pictures and a copy of the service report sent/submitted to the Dept. Americanism Chairman must also be included.

The form must be signed by the local Americanism chairman and the Local Auxiliary President.

Auxiliary number _____ City _____

ENTRY FORM REQUIRED

Copies of work must be submitted in booklet form.

Signed: _____
Local Auxiliary President

Signed: _____
Americanism Chairman

Entry form must be postmarked by: May 31, 2026

Mail to: PNP Evelyn McElvin Awards Chairman
4332 Princehall Blvd
Orlando, Florida 32811
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**PDP SHERRY MARECEK
LOCAL HOSPITAL AWARD**

Awarded to the Auxiliary with the largest percentage per member of contributions to any of the eight (8) State-Veterans Nursing Homes.

PROOF REQUIRED

Service report forms must be filed with the Department Hospital Chairman and amount must coincide with the Department Chairman.

Auxiliary Number _____ City _____

Total Donated: \$ _____

Name of Nursing Home: _____

Name of Location _____

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 31, 2026

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**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.

PROOF REQUIRED

Service report forms must be filed with the Department

Scholarship Chairman to be eligible.

Auxiliary Number _____ City _____

Amount to Scholarship Fund: \$ _____

Person(s) or institution(s) receiving _____

ENTRY FORM REQUIRED

No Service Reports required

Signed: _____

Local Auxiliary President

Signed: _____

Local Auxiliary Scholarship Chairman

Entry form must be postmarked by: May 31, 2026

Mail to: PNP Evelyn McElvin, Awards Chairman

4332 Princehall Blvd

Orlando, Fl 32811

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**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 Number _____ City _____

Number of hours served _____

Name of Hospitals _____

Total Evaluation _____

ENTRY FORM REQUIRED

No service reports required

Signed: _____

Local Auxiliary President

Signed: _____

Local Auxiliary Hospital Chairman

Entry form must be postmarked by: May 31, 2026

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4332 Princehall Blvd

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**PDP LINDA BEST GFELL MEMORIAL AWARD
ST. JUDE’S CHILDREN’S RESEARCH HOSPITAL**

Awarded to the Auxiliary with the highest percentage per member in total evaluation to: St. Jude’s Children’s Research Hospital.

PROOF REQUIRED

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

Auxiliary Number _____ City _____

Total Evaluation for St. Jude’s Hospital \$ _____

ENTRY FORM REQUIRED

No service reports required

Signed: _____
Local Auxiliary President

Signed: _____
Local Hospital Chairman

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**PDP JOANNE HENSON MEMORIAL
SERVICE AWARD**

Awarded to the Auxiliary with the largest percentage per member in total evaluation in any three (3) reporting service categories, with the largest percentage per member.

PROOF REQUIRED

Entries will be verified with the Department Committee Chairmen.

NO SERVICE REPORTS REQUIRED

Auxiliary Number _____ City _____

Total Evaluations: \$ _____ \$ _____
\$ _____ (1) (2)
(3)

Service Category: _____
_____ (1) (2)
_____ (3)

Signed: _____
Local Auxiliary President

Signed: _____
Chairman- Service Category (1)

Signed: _____
Chairman- Service Category (2)

Signed: _____
Chairman- Service Category (3)

Entry form must be postmarked by: May 31, 2026

Mail to:

PNP Evelyn McElvin, Awards Chairman
4332 Princehall Blvd
Orlando, Florida 32811
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E-mail: bleve123@aol.com

**PDP ESTRELLA YOUNG
HONORARY MEMBER OF THE YEAR AWARD**

Awarded to the individual Honorary Member who has done the most to assist the local auxiliary with furthering the Aims and Purposes of AMVETS Ladies Auxiliary.

PROOF REQUIRED

A signed letter from a local auxiliary officer explaining the Honorary Member's involvement as a member or committee member to assist with promoting auxiliary projects at the local level and in the community to further the Aims and Purposes of AMVETS Ladies Auxiliary.

MUST have a copy of membership card with entry.

Auxiliary Number _____ City _____

Name of Honorary Member _____

ENTRY FORM REQUIRED

Signed _____

Local Auxiliary Officer

Entry form must be postmarked by: May 31, 2026

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

PNP EVELYN R. McELVIN

**“PRESIDENT’S APPRECIATION GREEN HAT
AWARD”**

This award will be presented to a local “Green Hat” member who has gone beyond the call of duty to assist the President.

Criteria required for Award

Letter must be submitted to Awards Committee explaining in detail what the member has done to assist the President.

Local Presidents, District Presidents or Department President ONLY can submit letter.

Recipient of this award MUST BE A GREEN HAT!

Auxiliary Number _____ City _____

Name of Member _____

ENTRY FORM REQUIRED

Proof of work must be submitted in letter form signed by President.

Signed: _____

Auxiliary President

Entry form must be postmarked by: May 31, 2026

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

**PNP ANNE E. HALL MEMORIAL
SCRAPBOOK AWARD**

Awarded to the Auxiliary preparing the best scrapbook following the criteria. It should contain permanent records as well as tell the story of achievements.

Mandatory in this order

- a. Table of contents
- b. Name and # of Auxiliary, Local President and Year
- c. Pledge of Allegiance, Preamble, Code of Ethics
- d. Bylaws (up-to-date/signed)
- e. Charter Members and Officers
- f. Year-end Local Service Report
Forms signed by Local Auxiliary
Chairman

Judging: 100 Points

Conformance: Table of Contents **Presentation:** Originality- 30 pts.

Neatness: Layout or general make and internal appearance
30 pts

Newspaper: Clippings, pictures, press releases- 15 pts

Miscellaneous: Menus, invitations,thank ou's, souvenirs. etc-10 pts

Auxiliary Number _____ City _____

Member submitting book _____

Signed: _____

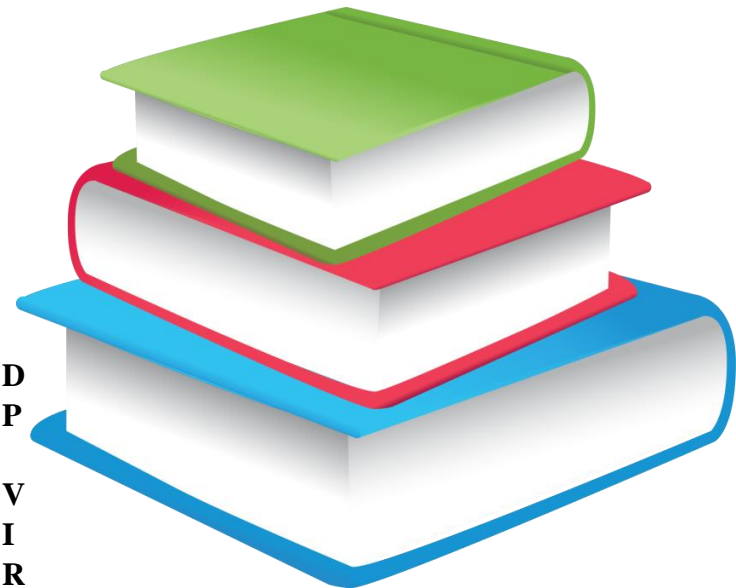
Local Auxiliary President

Signed: _____

Local Auxiliary PRO

**ALL BOOKS MUST BE SUBMITTED TO THE DEPARTMENT PRO BY: 3
PM FRIDAY OF CONVENTION – JUNE 21, 2025
ALONG WITH THE ENTRY FORM.- LOCATION TBA**

SCRAPBOOK AWARD



**D
P
V
I
R**

**GINIA “GINNY” MARTIN
MEMORIAL LOCAL GOOD SAMARITAN AWARD
(IN HONOR OF PDC AL WOODARD)**

Presented by Auxiliary # 15

Awarded to the local Auxiliary who has supported its Post beyond the call of being a helper.

PROOF REQUIRED

Signed statement or letter from the Local Post Commander explaining in detail what the auxiliary has done to assist the Post.

Signed: _____
Post Commander

Location/Post Number: _____

ENTRY FORM REQUIRED

Proof of work must be submitted in letter form

Entry form must be postmarked by: May 31, 2026

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

AUXILIARY OF THE YEAR SERVICE AWARD

This award is presented to the Auxiliary who has done the most to further the Aims and Purposes of AMVETS Ladies Auxiliary by

participating in the most service programs (percentage per member) and reporting it to the respective Department Service Chairmen.

PROOF REQUIRED

Entries will be verified with the Department Chairman.

Total auxiliary service evaluation. Divided by the total members

NO SERVICE REPORTS REQUIRED

Auxiliary Number _____ City _____

Service Category:

Programs _____
(1) _____ (2) _____ (3) _____
(4) _____ (5) _____

Service Category Totals:

(1) _____ (2) _____ (3) _____ (4) _____
(5) _____ Total of all 5 above _____

ENTRY FORM REQUIRED

Signed: _____
Local Auxiliary President

Entry form must be postmarked by: May 31, 2026

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

**LOUISE O'DONNELL MEMORIAL
AUXILIARY #1 "WOMAN OF THE YEAR" AWARD"**

Awarded to the individual member who has done the most service during the immediate past year to further the Aims and Purposes of AMVETS Ladies Auxiliary.

PROOF REQUIRED

Letter from her local auxiliary explaining what she has done to further the Aims and Purposes of AMVETS Ladies Auxiliary.

Note: Letter must be signed by President or any of the Vice Presidents. Entry form signed by President Only.

Auxiliary Number _____ City _____

Name of Member: _____

ENTRY FORM REQUIRED

Signed: _____

Local Auxiliary President- **(ONLY)**

Entry form must be postmarked by: May 31, 2026

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

GAVELIERS AWARD
PAST DEPARTMENT PRESIDENTS

(CRITERIA)

Each local AMVETS Ladies Auxiliary President and State Executive Committee Woman (SEC Woman) must answer roll call at EACH SEC meeting (October and February meetings) and attend meetings on Friday, Saturday and Sunday to receive the Gaveliers Award. Also, she must attend HER individual Council meeting with HER signature on roll call for (all) those meetings.

At the Department Convention held in June: The President and SEC must answer roll call at business meetings on Saturday and Sunday.

The attendance will start at the June (State Convention) and end at the Spring SEC Meeting.

Local President and
State Executive Committee Woman ONLY
(No substitutes)

Did you answer your 1st roll call in June to get you started on the right track to receiving the Gaveliers Award?