



**Midwest District of the American Alliance  
for Health, Physical Education, Recreation, and Dance**

**AWARD APPLICATION COVER SHEET**

The **award cover sheet** must be typed and completed in detail to be considered for an award. This form needs to be accompanied by a **maximum of one page for each of the award qualifications** (typed, double-spaced). Also, letters of recommendation specifically addressing the applicant's qualifications for the award need to be attached. Resumes or vitae will not be accepted. **Send your application to the AAHPERD Office via mail or email** to be postmarked on or before **October 15<sup>th</sup>** to be included in this year's selection process.

Award Category: \_\_\_\_\_

**PERSONAL DATA**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Professional Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ Email: \_\_\_\_\_

<b>EDUCATION</b>	<u>Institution</u>	<u>Major</u>	<u>Dates</u>
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Bachelors \_\_\_\_\_

Masters \_\_\_\_\_

Doctorate \_\_\_\_\_

Professional Experience (Position/Location/Dates of Service):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL AFFILIATIONS state membership & #** \_\_\_\_\_

Number of Years AAHPERD Member: \_\_\_\_\_ Current Membership #: \_\_\_\_\_

State/District/National Service (Committees, Offices, etc. with dates of service):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Service & Achievements / Honors (with dates of service):

\_\_\_\_\_  
\_\_\_\_\_