

**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 25, 2019**

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

**PDP DELIA J. RAY HOSPITAL AWARD**

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 25, 2019**

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