

NURSING PROGRAM / SCHOLARSHIP  
YEAR-END REPORT

MAIL THIS REPORT TO YOUR DISTRICT PRESIDENT BY APRIL 10, 2025  
REPORTS MUST BE RECEIVED BY DEPARTMENT CHAIRMAN BY APRIL 20, 2025

AUXILIARY NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

*TO QUALIFY FOR AWARDS, SUPPORTING DOCUMENTATION (i.e. Reports / Pictures / Newspaper Articles) MUST BE RECEIVED.*

1. Did your Auxiliary participate in an “Honor the Nurses” activity? Yes \_\_\_ No \_\_\_  
If so, provide separate documentation, describing your activity in detail, including pictures, etc.
  
2. Did your Auxiliary contact local colleges regarding nursing programs?

Yes \_\_\_ No \_\_\_

Name and Location of College(s): \_\_\_\_\_

- If additional, please provide a list: \_\_\_\_\_

3. Did your Auxiliary sponsor a Nursing Scholarship Application Candidate?

Yes \_\_\_ No \_\_\_

- If more than one, please list:

Name of Student: \_\_\_\_\_

College Attending: \_\_\_\_\_

AUXILIARY CHAIRMAN: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_