

NURSING SCHOLARSHIP

YEAR-END REPORT

Year-End Report **MUST** be received by **District President** by April 10, 2024
District President will forward to the **Department Chair** by April 20, 2024

Auxiliary _____ Number _____ District # _____

1. Did you contribute to the Nursing Scholarship Fund? _____ Yes _____ No
2. How much money did your Auxiliary contribute and mail to the Department Treasurer?

\$ _____ (Please attach a copy of the check sent.)
3. Did you participate in "Honoring the Nurses" Program? _____ Yes _____ No

Describe the main program activities done throughout the year in detail, here or on a separate sheet of paper. Attach ONE great picture of the Auxiliary with some of the nurses and Auxiliary members.

Auxiliary Chairman _____

Phone Number _____ Email: _____

