# HONOR AWARD APPLICATION

Name:

Email:

Street Address

City, State, Zip

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

**HONOR AWARD SCORE**

SOHN members are eligible for the Honor Award. which recognizes their contributions to the Society, once ten (10) points are accumulated. Points can be accumulated over more than one year.

|  |  |
| --- | --- |
| **SERVICE to SOHN** | **Points / year** |
| **National Level** |
| Officer | 2 |
| Board member | 2 |
| Committee Chair/ Special Interest Group Leader | 2 |
| Contributor to *ORL-Head & Neck Nursing, Update,* or other major publications | 2 |
| Course or Poster at Congress or Spring Seminar | 2 |
| Active Committee member | 1 |
| Editorial Board member | 1 |
| Special Service | 1 |
| **Local Chapter Level** |
| Officer | 1 |
| Committee Chair | 1 |
| Course Presenter | 1 |
| Exhibit Presenter | 1 |
| Program Director | 1 |

**Applicant's Score Card**

|  |  |  |
| --- | --- | --- |
| Date | Service | Points |
| NATIONAL LEVEL |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| Total National Score |       |
|  | LOCAL LEVEL  |  |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| Local Point Score  |       |
| **Grand Total Score** |       |