



CAREGIVER OF THE YEAR APPLICATION: 2016

Name of Caregiver: _____ Caregiver's Phone #: _____

Address/ Contact info: _____

Nomination by: _____ Your Phone #: _____

Relationship to Caregiver: _____

Type of service: _____ Length of service: _____

What makes this person memorable:

What kind of specialized training has he or she had:

Where is he or she employed: _____

This application must include 3 letters of recommendation from different people. Who should we be looking for letters from:

Other information you would like to share as part of the application a separate piece of paper can be used if necessary: _____

Winner to be announced at the Greater Hartsville Chamber of Commerce Annual Membership Banquet on February 20, 2017.

All Applications and Letters of Recommendation Due February 10, 2017

Please send all applications and letters of recommendation to:

**Caregiver Award Committee
2045 East Carolina Ave.
Hartsville, SC 29550**

OR : pilotclubhartsvillesc@gmail.com