



## 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**