

CHS North America Foundation, Inc. (CHSNAF) 28th Anniversary

Nomination Form for "10 Alumna Exemplar Awardee" (AXA) Selection

Nominating Alumna: _____ Chapter: _____

CHS School: _____ HS Year or College Degree/Yr. of Graduation: _____

Address: _____

Email: _____ Contact No: _____

Nominee: _____ Chapter: _____

CHS School: _____ HS Year or College Degree/Yr. of Graduation: _____

Address: _____

Email: _____ Contact No: _____

In lieu of completing the blanks below, you may provide an attachment of no more than two pages (minimum font size: 12) which should only include the requested information.

1. Describe your chosen field, career, ministry, apostolate, projects and/or activities: your involvement (i.e., working alone or with others); and the time period. Also specify if you were compensated for your involvement.

2. Describe the positive impact of your chosen field, career, ministry, apostolate, projects and/or activities: people/groups who benefited from your efforts; and any quantifiable measurement/s of coverage/impact (e.g., no. of families helped, no. of people who benefited, etc.).

3. State how your life exemplifies "Veritas in Caritate" (Truth in Life). Include personal statements from people who have benefited from your work; awards you received; and other written testimonials.

4. Describe your involvement with CHSNAF (if any); state the years you attended CHSNAF events and list your participation/involvement in CHSNAF Committees/projects.

5. Include other information that would allow the Selection Committee to properly determine if you meet the criteria to be an AXA. You may attach a 1-page resume.

I certify that the information, statements and representations provided by me are true and accurate to the best of my knowledge.

By: _____
Nominee (or Person Completing, if deceased)

Date: _____