

# Supreme Council, Order of the Amaranth, Inc.

## Individual Distinguished Service Award

Each year the Amaranth Diabetes Foundation has recognized an individual member to the Order of the Amaranth who has performed outstanding service in raising monies for his or her Grand Court or subordinate court for diabetes research.

Any member may nominate another member of the order by submitting this nomination form to their Grand Royal Matron or Royal Matron (SCJ) for her signature and seal. The Grand Royal Matron or Royal Matron (SCJ) will then forward the nomination form(s) to the Amaranth Diabetes Foundation, Board of Directors Secretary by the deadline.

This form is also available on the Supreme Council webpage under forms.

**Event:** \_\_\_\_\_

**Name of Nominee:** \_\_\_\_\_  
PLEASE PRINT

**Court:** \_\_\_\_\_ **Jurisdiction:** \_\_\_\_\_

**Nominator** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
FULL NAME OF NOMINATOR - PLEASE PRINT

**Signature:** \_\_\_\_\_  
SIGNATURE OF NOMINATOR

### ***Directions:***

- Fill out page 2 of this nomination form by answering all the questions in each section and attaching additional pages if needed.
- The nomination form must be given to the Grand Royal Matron or Royal Matron (SCJ) of the nominee's jurisdiction for her signature and seal.
- The Grand Royal Matron or Royal Matron (SCJ) must forward every nomination to the Secretary of the Amaranth Diabetes Foundation, Board of Directors as found in the current Supreme Directory by March 31<sup>st</sup>.
- Keep all names and references to jurisdiction to a minimum or completely remove them from the information section on the form. Use "This nominee" to refer to the person being nominated. The Board of Directors wishes to base their decision on the work done and not the name or jurisdiction of the nominee.

\_\_\_\_\_  
GRAND ROYAL MATRON or ROYAL MATRON (SCJ)  
PLEASE PRINT NAME

\_\_\_\_\_  
SIGNATURE: GRAND ROYAL MATRON or ROYAL MATRON (SCJ)

SEAL OF GRM

\_\_\_\_\_  
JURISDICTION OR SCJ

\_\_\_\_\_  
DATE

# Supreme Council, Order of the Amaranth, Inc. Individual Distinguished Service Award

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Location: \_\_\_\_\_

CRITERIA	COMMENTS <small>(Be specific in description)</small>
<p><b><u>EVENT</u></b></p> <p>a. Was event strictly for Diabetes?            b. What activities were included?            c. How was the event organized?            d. What effort was put forward by the nominee?</p>	
<p><b><u>COURT/MEMBER INVOLVEMENT</u></b></p> <p>a. Did Court members help?            b. If so, how many assisted?            c. How many hours were involved?</p>	
<p><b><u>COMMUNITY EXPOSURE</u></b></p> <p>a. What type of advertising was used?            b. Was the community involved? How?            c. Was recognition provided to community participants? If yes, be specific.</p>	
<p><b><u>RECOGNITION</u></b></p> <p>a. Was recognition or reward received from their effort?</p>	
<p><b><u>FUNDS RAISED</u></b></p> <p>a. Total amount raised?            b. Was nominee accountable for expenses and income?            c. Were any matching funds received? If so, explain.</p>	

Please include attachments to this form to further identify and explain each section as necessary.