



**Department of New York
Award Cover Sheet – 2024-2025**

**The award certificate will be prepared using the information you include below.
Please print clearly all the information requested.
Please make sure you fill out the correct section: Unit or County**

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Unit Award

Please complete this section only

Committee sponsoring award: _____

Name of the award you are applying for: _____

Unit #: _____ Full official unit name: _____

Unit president/chairman (**circle one**) name: _____

Name that will be on the award presented: _____

Above listed person's ALA member ID#: _____ Phone number: (____) _____

Email address: _____

Signature of Member submitting award entry _____

County Award

Please complete this section only

Committee sponsoring award: _____

Name of the award you are applying for: _____

County: _____

Name of County chairman: _____

Name that will be on the award presented: _____

Chairman's phone number: (____) _____ ALA member ID#: _____

Chairman's email address: _____

Signature of Member submitting award entry _____

*****The award certificate will be prepared using the information you include above***
Please print clearly all information requested**

ALL ENTRIES MUST BE RECEIVED BY THE DEPARTMENT CHAIRMAN BY MAY 1ST.