

**Dalhousie University
School of Health and Human Performance**

Dr. Jerry Singleton Leadership Award

Application Form

Applicant's Full Name: _____

Applicant's Contact Information (Mobile, Email, Home Address)

Professional Organizations currently a member of: _____

Name of Provincial TR Association and Membership Number: _____

CTRA Membership Number: _____

(The successful candidate will require proof of membership)

In a separate letter please indicate how you have been actively engaged in at least one of your professional organizations over the past year including any contributions you have been part of in developing and growing the Therapeutic Recreation profession that make you a suitable candidate for this award. Please send in a PDF format, no later than April 15th to Patsy Koelink at patsy.koelink@dal.ca

Signed this _____ day of _____, 20_____

Signature