**A picture containing scissors

Description generated with high confidence**

**Missouri Hospice & Palliative Care Association**

**Heart of Hospice - Individual Award**

**What are the Awards?** The MHPCA Heart of Hospice Individual Award is designed to honor a person affiliated with a MHPCA Member Hospice that in 2024 gave above and beyond the call of duty, giving of him/herself; thus, enhancing the quality of life for hospice patients.

**Who qualifies for this award?** Three awards will be presented:

1.) Hospice employee

2.) Hospice patient care volunteer

3.) Hospice administrative volunteer

**MHPCA members may nominate only one person in each of the three categories.**

**Application process:** Nominations may be submitted by anyone wishing to offer a candidate for consideration.

**The application form must be completed and enclosed.**

# Biographical narrative: Please describe the nominee’s activities that make him/her eligible for this award in the space provided.

* Letter of Support: Please provide at least one letter from a Hospice Team Member (other than person making the nomination) supporting the nomination or your application will not be considered. No more than three letters of support.

Mail completed application and materials to:

Missouri Hospice & Palliative Care Association

## PO Box 105318

## Jefferson City, MO 65110

or

Email Jane at jmoore@missourihospice.org

## **Deadline: January 31, 2025**

## Awards will be presented at the MHPCA Heart of Hospice Awards Event

Jefferson City, Missouri

March 12, 2025

12 noon-3pm

Heart of Hospice – Individual Award

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| --- | --- | --- | --- |
| Hospice Award: (check appropriate award) **( ) Employee ( ) Patient Care Volunteer ( ) Administrative Volunteer** | | | |
| Name of Nominee: | | Your Name: | |
| Address: | | Address: | |
|  | | Email: | |
| Phone: | Fax: | Phone: | Fax: |
| Hospice Affiliation: | | Hospice Affiliation: | |

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| Biographical Narrative: |
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| Please list “Letters of Support” and other enclosures: |
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Jefferson City Missouri

