

## VIRGINIA S. BOYCE HUMANITARIAN AWARD NOMINATION APPLICATION

Virginia S. Boyce Schoonmaker served the volunteer eye health and safety organization for 45 years. She was a leader in championing vision health services and research and earned multiple awards for her dedication and service.

The Virginia S. Boyce Humanitarian Award was established in her name to recognize an ophthalmic assistant, ophthalmic technician, or ophthalmic medical technologist who demonstrates leadership and a commitment to volunteerism and public service, going above and beyond their technical daily duties to do so.

### **NOMINATIONS:**

Any person may nominate candidates for the award, with appropriate documentation included to indicate the voluntary public service contributions made by the nominee.

Nominations are accepted **January 1 to April 30** of each year. If you would like to nominate an individual for the upcoming Boyce Award please submit a brief letter regarding the nominee's involvement as a steward within the eye care world. Please complete the following application.

### **SELECTION:**

Nominations will be reviewed and selected by the Board of Directors of the JCAHPO Education and Research Foundation.

### **CANDIDATE CRITERIA:**

The nominee (preferably JCAHPO-certified) must have made outstanding contributions as a volunteer in the field of eye care above and beyond their daily technical duties.

Persons selected for the award will have manifested leadership and outstanding accomplishment in the furtherance of volunteerism and public service locally, nationally, or internationally.

### **ELIGIBILITY:**

A person may receive only one Virginia S. Boyce Humanitarian Award in a lifetime.

### **APPLICATION CHECKLIST:**

- Completed Nomination Form
- Attachments (if application)
- One additional letter of support for this nomination

### **Submit Online or Print and Mail with attachments to:**

JCAHPO Education and Research Foundation  
2025 Woodlane Drive  
St. Paul, MN 55125-2998  
e-mail: [foundation@jcahpo.org](mailto:foundation@jcahpo.org)

### **Nominator Information:**

NAME:

PREFERRED ADDRESS:

CITY:

STATE/PROVINCE:

POSTAL CODE:

PHONE:

EMAIL:

