



TEXAS ASSOCIATION OF HEALTH UNDERWRITERS

TOM SCHILLING OUTSTANDING TEXAN OF THE YEAR

(Outstanding Service To The Texas Association)
(For timeframe 01-01-09 to 12-31-09)

The nominee for this award should be an individual member who has contributed outstanding service to the Texas State Association. Consideration will be given to nominees who have served the State Chapter consistently over the years.

Nominee's Name: _____ **Chapter:** _____

Attach letter with details of accomplishments, including both current & prior years of service at local, state, regional and national levels. Please attach any supporting documentation.

Informational Profile:

1. Years in the insurance industry: _____

2. Is he/she an active TAHU member? _____ Yes _____ No

3. Credentials. List earned designations, special education, etc.:

4. Past positions held in State, Local or other organizations:

5. Outline of State and/or Local Association accomplishments:

Nominator's Information:

Name (Print) _____ Chapter _____

Signature _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Return form to:

Luann Yarberry
1300 10th Street (zip 76301)
PO Box 1071
Wichita Falls, Texas 76307

Must be received no later than February 8, 2010

For questions regarding completion of this form or other TAHU award matters, please contact Luann Yarberry, TAHU Awards Chair at 940-723-0771 or luanny@atmdinsurance.com.

Applications must be RECEIVED no later than the close of business on the due date regardless of method of delivery. Exceptions to the submission deadline MAY be approved with TAHU board approval.

Faxed or hand delivered submissions will NOT be accepted.

A copy of the submission form must accompany all submissions with points/narrative written on the submission form. Submission form should NOT be changed, retyped or reformatted. If additional space is needed, extra sheets should be attached and numbered to correspond to submission form. Packets received without applications forms/score sheets will not be considered.

Awards Committee use only:

Date: _____

Reviewed by _____
(Initials) (Initials) (Initials)