

**MPEA  
BETTY MOREY - DAN BUKVICH AWARD  
APPLICATION - 2017**

\_\_\_\_\_  
Name of person being submitted  
for this award (Type or Print)

\_\_\_\_\_  
City

\_\_\_\_\_  
Department/Bargaining Unit

\_\_\_\_\_  
Work Location

\_\_\_\_\_  
Current Job Title

\_\_\_\_\_  
Date of Public Employment

1. Dates of MPEA membership: \_\_\_\_\_

2. Chapter Officer position(s) held: \_\_\_\_\_

Please tell the Selection Committee why this person has been selected by your chapter to receive the Morey/Bukvich Award. (Use additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Chapter of person submitting selection: \_\_\_\_\_

**Please return to MPEA no later than April 20, 2017**