

# Nomination Form

## THE JOAN H. TISCH COMMUNITY HEALTH PRIZE 2013-2014

**Deadline: January 24, 2014**

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### Nominee (if an Individual)

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (work) \_\_\_\_\_ Phone (other) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Degree(s) \_\_\_\_\_

Website (if applicable) \_\_\_\_\_

### Nominee (if an Organization)

Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Geographic Service Area \_\_\_\_\_

Name of Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone (work) \_\_\_\_\_ Phone (other) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

### Nominator

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (work) \_\_\_\_\_ Phone (other) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Relationship to Nominee \_\_\_\_\_

How did you hear about **The Joan H. Tisch Community Health Prize?**

*(Please specify name of publication, website, media outlet, etc.)* \_\_\_\_\_

**First Reference** (Attach signed letter)

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (work) \_\_\_\_\_ Phone (other) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Relationship to Nominee \_\_\_\_\_

**Second Reference** (Attach signed letter)

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (work) \_\_\_\_\_ Phone (other) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Relationship to Nominee \_\_\_\_\_

**Nominator Must Attach to this Form:**

1. A nominator's narrative describing the nominee's accomplishments and impact on the field of urban public health and how the nominee meets the evaluation criteria, including a detailed description of the outstanding public health initiative or program for which the nominee should be honored. Please include three separate sections with the headings of the three prize evaluation criteria: Achievement, Imagination, and Impact. In the Impact section, provide any specific outcome measures of program effectiveness and reach. (Maximum 750 words)
2. A biosketch or CV (maximum 5 pages) if the nominee is an individual; or an Annual Report or brochure, including the most recent audited financial statement, if the nominee is an organization.
3. Separate signed letters of reference from two additional individuals knowledgeable about the nominee who can provide further validation of the nominee's reputation in the field and insight into the qualities and achievements that make the nominee worthy of **The Joan H. Tisch Community Health Prize**.

*All materials become the property of Hunter College and will not be returned. Nominators and references grant Hunter College the right to copy, reprint, quote or publish the information for use in connection with The Joan H. Tisch Community Health Prize or other Hunter College communications.*

**Nominator Signature**

\_\_\_\_\_ Date \_\_\_\_\_