



NOMINATION FORM

Association for Healthcare Philanthropy
2017 Harold J. (Si) Seymour National Award
Nominations Due: June 1, 2017

Nominee: _____ Title: _____

Institution: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

SECTION I

Please print or type. Use additional sheets if needed.

A. Tenure in profession and the Association for Healthcare Philanthropy (AHP):

Years in profession: _____

Years in AHP: _____

Offices held in AHP: _____

Levels of Certification: Accredited _____ Certified _____ Fellow _____

B. Other educational activities in the profession and AHP:

Articles published (list title, name of publication, and date published)

Course presentation/education (list conference where presented and title of course taught. Include Professional Partner information here.)

C. Service to community:

(List positions held, awards received)

SECTION II

Please attach a statement of 400 words or less describing why the nominee merits the Association for Healthcare Philanthropy's highest award.

Your statement **must include**: 1) the candidate's qualities embodying the recognized traits of leadership in our profession; 2) the candidate's reputation of the profession to other professionals and to the candidate's community; and 3) the ways the candidate has helped to improve the level of professionalism in AHP.

Section III

A. Attach a copy of the candidate's current resume.

B. Success in fund raising (use additional sheets if needed):

1. Institution: _____ City/State/Province: _____

Role and Responsibilities: _____

Total Dollars Raised: _____ Years in Service: _____

2. Institution: _____ City/State/Province: _____

Role and Responsibilities: _____

Total Dollars Raised: _____ Years in Service: _____

3. Institution: _____ City/State/Province: _____

Role and Responsibilities: _____

Total Dollars Raised: _____ Years in Service: _____

Section IV

Three letters of endorsement must be included with the nomination. These individuals may be contacted for verification of information.

Nominator's Name: _____

Institution: _____

Title: _____

Phone: _____

1. Endorser's Name: _____ Title: _____

Institution: _____ Phone: _____

2. Endorser's Name: _____ Title: _____

Institution: _____ Phone: _____

3. Endorser's Name: _____ Title: _____

Institution: _____ Phone: _____

**To be considered, nominations must be received by *June 1, 2017*
Mail to: AHP Si Seymour Award Committee
313 Park Avenue, Suite 400, Falls Church, VA 22046**