



# NOMINATION FORM

**Association for Healthcare Philanthropy**  
**2010 Harold J. (Si) Seymour National Award**  
*Nominations Due: June 25, 2010*

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 the nominee's performance that 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 25, 2010*  
Mail to: AHP Si Seymour Award, Attn: Holly Duncan, CFRE, Chair  
313 Park Avenue, Suite 400, Falls Church, VA 22046**