



NOMINATION FORM

Association for Healthcare Philanthropy
2018 Harold J. (Si) Seymour National Award
Nominations Due: May 29, 2018

Nominee: _____ Title: _____

Institution: _____

Address: _____

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

SECTION I

Please note that the weighting has changed. Please print or type. Use additional sheets if needed.

A. Service to the Association for Healthcare Philanthropy (AHP):

Years in AHP: _____

Offices held in AHP: _____

Levels of Certification: Accredited _____ Certified _____ Fellow _____

Other educational activities in 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)

Weighted 40%: This weight emphasizes the candidate's service to AHP and to advancing the development profession within AHP.

B. Tenure in profession:

Years in profession: _____

Other professional activities:

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

Giving back to the profession: Non- AHP volunteer conference presentations (list conference where presented and title of course taught), volunteer education and mentoring, leading a Board retreat, etc.

Weighted 10%: This weight emphasizes the candidate's service to advancing the health care development profession and considers service to other professional development organizations.

C. Service to community:

(List positions held, awards received)

Weighted 10%: This weight emphasizes the candidate's service to his or her community outside of service to the development profession. (Please note the name of the organization the candidate was employed by at the time the award or position was attained.)

D. Service to Institution(s):

(List leadership, board and community engagement, leadership, strategic planning, etc. Identify roles and responsibilities).

Weighted 40%: This weight emphasizes the candidate's service to one's institution/organization.

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

F. 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 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 in 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

Three letters of endorsement must be included with the nomination. No member of the Si Seymour Committee may endorse or nominate a candidate. These nominators or endorsers 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 *May 29, 2018*

Note: Nominations from 2017 may be rolled over to 2018; thereafter nominations will not be rolled over.

**Mail to: AHP Si Seymour Award Committee
Presidential Towers
2511 Jefferson Davis Highway, Suite 810
Arlington, VA 22202**