



2005 Outstanding Community Service Award Nomination Form

Deadline: April 8, 2005

To the Nominator:

Please complete this form in its entirety (typewritten), front and back, and return to the ISHIB office at 100 Auburn Avenue, NE Suite 401, Atlanta, GA 30303. Supporting letters (no more than 2) are optional and may be included or sent separately. These documents may also be sent electronically to awards@ishib.org. **Deadline for completed nomination form and supporting letters is April 8, 2005.** Documents received after the nomination deadline and incomplete nominations will not be considered. If you have any additional questions, contact the ISHIB office at 404.880.0343.

Criteria:

- The nominee must be a person or group who has made outstanding contributions to the community in relation to bridging the gap of health and life expectancy among ethnic minority populations.
- The award is not restricted to members of ISHIB. The winner (or representative of the winner) must be present at ISHIB2005 to receive award.

Nominee Information (or contact information, if nominee is an organization)		
Name (first, last, degrees):		
Organization or Institution/Department:		
Complete mailing address:	Telephone:	
	Fax number:	
Nominator Information		
Name:		
Institution/Department:	Membership number:	Date:

Describe the type and scope of community service performed by the nominee and how it affects the health of ethnic minority populations.

In addition to nominee's CV (if an individual), please provide concise reasons why nominee should receive the award based on accomplishments and contributions of significance towards reducing ethnic health disparities.

Briefly describe the nominee's professional and community activities and honors. (If the nominee is an organization, identify any other awards it has received.)