**Dr. Corinne Walentik Leadership in Health Award  
Coversheet**

**Please fill out the information below and submit the completed form, along with all supporting documentation, no later than 4 p.m. CST Monday, July 8, 2019.**

Address

Address

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nominator** | | | | | | | | |
| Name | |  | |  | Title |  | | |
| Organization | | |  |  | Email | | |  |
|  |  | | |  | Phone | |  | | |
|  |  | | |  |  | |  | | |
| Are you the primary contact for this nomination? If no, please provide primary contact information below:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Name | |  | |  | Title |  | | | | Organization | | |  |  | Email | | |  | |  |  | | |  | Phone | |  | | |     ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_  Address  **Nominee** | | | | | | | | |
| Name | |  | |  | Title |  | | |
| Organization | | |  |  | Email | | |  |
|  |  | | |  | Phone | |  | |

**Nomination Checklist**

* Completed coversheet
* Nominee biography *(250 word maximum)*
* Rationale for nomination *(500 word maximum)*
* Key components *(250 word maximum for each - Leadership, Commitment, Partnership, and Impact)*
* Curriculum vitae
* Two reference letters

**Submission:**

Submit complete application packet to [**walentik@mffh.org**](mailto:walentik@mffh.org) no later than 4 p.m.,

July 8, 2019. Late or incomplete nominations will not be considered for review.