**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** no later than 4 p.m.,

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