



# Arizona Public Health Association

*Affiliated with the American Public Health Association*

## ARIZONA PUBLIC HEALTH ASSOCIATION 2009 SENATOR ANDY NICHOLS AWARD

### COVER PAGE

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**NOMINED INFORMATION:**

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**NOMINEE'S NAME:** \_\_\_\_\_

**CURRENT EMPLOYER:** \_\_\_\_\_

**(FOR GROUP NOMINATION):** \_\_\_\_\_

(For a group nomination, list the name of the group/organization)

**POSITION/TITLE:** \_\_\_\_\_  
(For individual nominations only)

**CONTACT ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_  
(if available)

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**NOMINED BY:**

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**YOUR NAME\*:** \_\_\_\_\_

**YOUR CONTACT NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

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**SUBMISSION INFORMATION:**

Please submit to Marisue Garganta, AZPHA Award's Chairperson by August 3, 2009 by 5 PM.

Submit to e-mail: [CommunityGrantsSJHMC@chw.edu](mailto:CommunityGrantsSJHMC@chw.edu)

Phone: 602.406.6580

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**Items included in this packet:**

1. Resume from Nominee
2. Application
3. Submitted by AzPHA Member
4. E-mail by August 3, 2009 by 5 PM to [CommunityGrantsSJHMC@chw.edu](mailto:CommunityGrantsSJHMC@chw.edu)



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**ARIZONA PUBLIC HEALTH ASSOCIATION  
2009 SENATOR ANDY NICHOLS AWARD**

**Criteria:** The purpose of the award is to honor those who have made outstanding contributions to public health. The award is named after the late Senator Andy Nichols, an advocate for good public health policy.

The award is primarily for **contributions** to public health in Arizona, but may be granted to any resident or former resident of Arizona who has made a significant contribution to public health elsewhere.

The award is not intended to honor long tenure, unless the career of the honoree has been attended by unusually fruitful contributions in the field of public health.

A **resume** from the nominated individual is **required** for this nomination.

**The nomination must be made by a member of AzPHA.**

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**APPLICATION:**

**Please state why you think the nominated person deserves this award. Please use as much space as you need to describe this person's contribution to public health in Arizona.**

**What outstanding contribution did they make to Arizona?**

**Please include a resume from the nominated person. It is a requirement for this nomination.**

**Is this nomination being made by an AzPHA Member?     Yes     No**