



**2009 HAROLD B. WOODWARD HONOR AWARD**

**COVER PAGE**

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**NOMINED INFORMATION:**

**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:**

**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. Recipient (nominee) is a Member of AZPHA**
- 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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**Criteria:** The award is given for work done for the **advancement or betterment** of the Arizona Public Health Association. Hard work, dedication, or any other contribution to the Association will be the guideline for selection.

The recipient is a **member** of the Arizona Public Health Association.

Personal recognition in the health field, but **not directly within** the sphere of the Association, shall not be a factor.

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

The recipient may be a professional, or non-professional in any public health endeavor.

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**APPLICATION:**

Using the criteria for the AzPHA **Harold B. Woodward Honor Award**, please state why you think the person named above is deserving of this award. You may use as many pages as you need to describe this individual and their contributions to AzPHA.

**What has the nominee done for the advancement and/or betterment of the Arizona Public Health Association?**

**Please give examples of their hard work, dedication, contributions and improvements made on behalf of the Arizona Public Health Association?**

Is the Nominee (Recipient) a current member of AzPHA? \_\_\_\_\_ Yes      \_\_\_\_\_ No  
*They must be an AzPHA member to be considered.*