

Award Nomination Form

General Information: Award nominees must be members of APTA Pediatrics unless otherwise noted. You may nominate yourself or someone else. Nominations should include 1) this completed Award Nomination Form, 2) the nominee's curriculum vitae, 3) letters of support (up to 3, optional) and 4) a cover letter providing explanation and examples of why the nominee is best suited for this award, based on the award details found at www.pediatricapta.org/policies-and-procedures. Materials must be submitted as a SINGLE PDF to info@pediatricapta.org by OCTOBER 1 unless otherwise indicated below; award decisions will be shared within 6 weeks of the submission deadline.

Please indicate which award	l you are submitting for:	
☐ Distinguished Service A	ward for External Advocates (nonmemb	ber award)
☐Stephen Haley Researc	h Award	
☐ Dissertation Award (ad	lditional submission materials - see awa	rd description)
☐Bud DeHaven Service A	ward	
☐Susan Effgen Advocacy	Award	
□Jeanne Fischer Mentor	ship Award	
☐Outstanding Pediatric (Clinician Award	
□Carol Gildenberg Dichte	er Memorial PCS Scholarship	
☐ Diversity Development	Scholarship: Student (support letters no	ot required)
☐ Diversity Development	Scholarship: New Professional (support	t letters not required)
☐CSM Attendance Schola	arship: Student (support letters not requ	uired)
☐CSM Attendance Schola	☐CSM Attendance Scholarship: New Professional (support letters not required)	
☐Annual Conference Att	endance Scholarship: Student (DUE 8/1)	, support letters not required)
☐Annual Conference Att required)	endance Scholarship: New Professional	(DUE 8/1, support letters not
NOMINEE INFORMATION	N (please print clearly)	
Name:	Phone:	
Mailing Address:		
City:	State:	Zip:
E-mail:		
NOMINATOR INFORMAT	ION (if appropriate)	
Name:	Date:	
Phone:	E-mail:	