

# Tar Wars

## 2004 Star Award Nomination Form

**Nominee(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**E-mail** \_\_\_\_\_

### **Name and Phone Number of Individual Submitting Nomination**

\_\_\_\_\_

### **Nominee Is (please select from one of the following categories):**

- State Coordinator—AAFP Chapter Related
- State Coordinator—Non-Chapter/Foundation Related
- Family Physician
- Non-Physician Health Professional (please specify) \_\_\_\_\_
- Educator
- Youth Advocate/Mentor
- Residency Program
- Family Medicine Interest Group
- Tar Wars Program Advisor
- Other (please describe) \_\_\_\_\_

### **Award Type (please select one category):**

- Service
- Institutional Support
- New/Innovative Program Implementation
- Other (please describe) \_\_\_\_\_

Please attach a one-page narrative explaining why the nominated individual or organization should be considered for a Tar Wars Star Award. Additional attachments, such as letters of support or exhibits illustrating the nominee's contributions, are welcome. Please indicate below if additional materials are being submitted.

- Yes, additional supporting materials are enclosed (limit five pages).
- No, I am submitting this form only.

Nominations should be submitted by **April 15, 2004**, to the following address: AAFP Tar Wars; Attn: Denice Posey; 11400 Tomahawk Creek Parkway; Leawood, KS 66211.

Nomination may also be faxed to: AAFP Tar Wars; Attn: Denice Posey; (913) 906-6099.

Please contact AAFP Tar Wars staff at (800) TAR-WARS if you need further assistance or have questions.

**For Office Use Only**

Date Received \_\_\_\_\_