

**2008 Tar Wars Star Award Nomination Form**

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

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

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

**Phone** \_\_\_\_\_ **FAX** \_\_\_\_\_

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

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

**Nominee (please check ONE of the following categories)**

State Coordinator – AAFP Constituent Chapter/Foundation

State Coordinator – Non Chapter/Foundation Related

Family Physician

Non Physician Health Professional (please specify) \_\_\_\_\_

Educator

Youth Advocate/Mentor

Family Medicine Residency Program

Family Medicine Interest Group

Tar Wars Program Advisor

Other (please specify) \_\_\_\_\_

**Award Type (please check ONE category)**

Service

Institutional Support

New/Innovative Program Implementation

Other (please specify) \_\_\_\_\_

**Required Attachments**

One-page narrative explaining why nominated individual or organization should be considered for the award

Letter of Support

Additional materials illustrating the nominee’s contributions also may be submitted. Please limit to no more than five pages. Please contact AAFP Tar Wars staff at 800-TAR-WARS if you need further assistance or have questions.

**Submission Deadline: May 1, 2008**

**Mail or FAX to: AAFP Tar Wars, 11400 Tomahawk Creek Parkway, Leawood, KS 66211; 913-906-6099**

