

Tar Wars

2002 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 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 to the following address by **April 15, 2002**:

AAFP Tar Wars
Attn: Denice Posey
11400 Tomahawk Creek Parkway
Leawood, KS 66211

For Office Use Only

Date Received _____