

Tar Wars Star Award Nomination Form

Nominee(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

E-mail _____ Date: _____

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: April 29, 2011

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

