

2010 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: April 30, 2010

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

