

Iowa Juneteenth Observance 2017

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Health Practitioner of The Year Award Nomination Form

This person needs to have made contributions in the field of health in Iowa. The recipient of this award will be presented at the 2017 Iowa Juneteenth Community Builders Banquet.

Name of Nominee: _____

Nominee contact information: Address: _____

Phone: _____ Email: _____

FILL FREE TO WRITE ON THE BACK SIDE

Nominees activities and accomplishments:

Describe the nominees notable activities personal, professional, and otherwise

Nominees impact on the community:

Describe how the Nominee is/has been instrumental in initiating or leading efforts to benefit our community?

Why should this Nominee receive the James Derham Award?

Any other information you would include about your nominee:

Your (Nominator's) Name: _____

Address: _____ Phone: _____

Email: _____

All nominations should be mailed to: dwanabradley77@gmail.com or mail to:
PO BOX 3092 Des Moines IA, 50317 by midnight April 1st, 2017