

2015 Flora Krause Casey Public Health Award Nomination Form

A complete nomination will consist of the following pieces of information:

- This **nomination form**, with each step completed;
- At least **three (3) supporting letters** that describe why this nominee meets the eligibility criteria and should be considered for the award, to include one (1) letter from the nominator and at least two (2) from other groups or individuals; and
- Submitting these items either through fax to (703) 746-4938, or mail to Casey Health Award Nominations, Alexandria Health Department, 4480 King Street, Alexandria, VA, 22302.

Step 1

Nominator's Name: _____
Address: _____
Phone: _____
FAX or E-mail: _____
Relationship to Nominee: _____

Step 2

Nominee's Name: _____
Address: _____
Phone: _____
FAX or E-mail: _____

Step 3

Award Criteria: Please check one or more criteria that apply to this nominee.

- This nominee's public health efforts have improved the quality of life of Alexandrians
- This nominee's long-time dedication to public service has helped prevent disease, improve access to health services, and/or assure appropriate health care for vulnerable Alexandrians
- This nominee's work has improved the health of medically needy Alexandria citizens.

Step 4

Letters of Support: At least three (3) supporting letters are required for a complete nomination:

Nominator letter – about 250 words describing nominee's merits for the award.

Two (2) additional supporting letters from groups or individuals should be sent directly to the Director of the Alexandria Health Department by the deadline. They will be from:

In addition, if you could provide a resume with references from current and previous employers, that will assist us in the selection process.

Optional: Additional letters and other supporting information may be submitted and will be reviewed at the discretion of the Commission.