

APSP

Dr. R. Neil Lowry

Grant Nomination Form

Part I. To be filled out by Nominator

Check one of the following:

Nominee is an individual or public health official who is a citizen of the United States or Canada.

Nominee is a public health department in the United States or Canada.

Name of Person Submitting this Form:

Department:

Address:

City, State/Province, Zip/Postal Code:

Country:

Phone:

Fax:

Email:

Signature:

Date:

Part II. Complete Part II if Nominee is an Individual or Nominating Himself/Herself

Same as Nominator Above

Name of Individual Being Nominated:

Department:

Address:

City, State/Province, Zip/Postal Code:

Country:

Phone:

Fax:

Email:

Part III. Complete Part III if Nominee is a Department

Department Being Nominated:

Address:

City, State/Province, Zip/Postal Code:

Country:

Phone:

Fax:

Email:

Please email the nomination form to awards@apsp.org

Continued

Part IV. Outstanding Contribution or Program to be Considered for the Dr. R. Neil Lowry Grant

(Attach additional sheets if necessary)

Please be sure to address the following information in the section below:

- Describe your planned/proposed program
- Describe the need or problem addressed, service provided, and benefit to public health and safety
- Describe the impact of the expected results
- Attach any supporting documentation

Minimum: 250 words; Maximum: 1,000 words

Part V. If awarded, please describe how the Dr. R. Neil Lowry Grant money will be spent.