THE DOLORES CHANDRA EXCELLENCE IN LEADERSHIP AWARD
Nomination Form

Name of Alliance member being nominated: _____

County Alliance or Alliance Individual Members (AIM)_____

Name of person/alliance making the nomination:_____

Eligibility:_____
List of past and/or current service in the medical alliance: _____

Documentation:
Please give a detailed description of the nominee as a leader. How they make a difference through their leadership in the alliance, their family, and community involvement (civic and other volunteer organizations, church, etc.) Please support this with newspaper clippings, letters of recommendations, etc. Please include a recent photo, Biographical, and personal data.

Additional pages needed may be attached.

Signature of person nominating:_____
Date:_____

To be a valid entry, all documentation must be included and the application form signed by the individual making the nomination. Deadline for 2018 is March 15, 2018.