



## APOLLO AWARD NOMINATION FORM

**NEW THIS YEAR: ONLINE NOMINATION FORM  
AVAILABLE AT <https://goo.gl/l2Scd5>**

***Please note: Physicians and/or members of their immediate families may be considered for this award.***

Name of Nominee: (and family, if applicable)

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Position/Spouse's Position: (if applicable)

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Address: \_\_\_\_\_

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Nominated by (**anonymous nominations will not be considered**):

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Additional information:**

- Please return this form to the Community Foundation for the Alleghenies with a **brief case of support detailing the contributions of the nominee**. Please summarize the contributions (approximately 500 words) and, if desired, include any supporting material such as newsletter or newspaper clippings, awards, other endorsements, or related information. Nominations will not be considered without summaries of accomplishments.
- This nominee may be a physician or a member of the physician's immediate family.
- The nominee **is to have made a significant contribution to the community above and beyond his or her profession**. Please consider nominating those that have made a recent contribution to the community.
- While lifetime achievement qualifies as a significant contribution, the Apollo Award should not be viewed exclusively as such. **Deadline is April 30, 2017.**

For more information, please contact:

**Community Foundation for the Alleghenies**  
116 Market Street, Suite 4, Johnstown, PA 15901  
Phone: 814-536-7741 Fax: 814-536-5859 Email: [info@calleghenies.org](mailto:info@calleghenies.org)