



## *AAFPRS Foundation Awards Official Nomination Form*

This form must be used to nominate your colleagues for the following awards:

- ( ) William K. Wright Award
- ( ) F. Mark Rafaty Award
- ( ) John Dickinson Teacher Award
- ( ) Community Service Award

Please be certain that your nomination is in line with the appropriate award's description. You may reproduce this form if you wish to nominate members for more than one award.

I would like to nominate (you may nominate yourself):

Name (must be an AAFP member): \_\_\_\_\_

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

I believe Dr. \_\_\_\_\_ is deserving of the award noted above because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please submit any available documentation and/or references to support your nomination.*

\_\_\_\_\_  
Name of person making this recommendation

&

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Deadline For Receipt Of This Form Is February 1<sup>st</sup>.**

Please return this form to: AAFP Foundation, Attention: Awards Coordinator  
310 S. Henry Street, Alexandria, VA 22314; Fax (703) 299-8898