



CHERYL BOYCE LEADERSHIP AWARD NOMINATION APPLICATION

The recipient of this award is an individual representing a State Office of Minority Health with demonstrated vision, innovation, creativity, and leadership in developing opportunities for improving the health of racial and ethnic minority communities. In addition, this individual has made a concerted effort to advance the knowledge about minority health, contributed to efforts to eliminate health disparities and has inspired others to contribute. Candidates must meet the criteria for nomination below:

NOMINEE INFORMATION

Nominee Name: _____ :

Nominee
Title/Organization: _____ :

NOMINATOR INFORMATION

Nominator Name: _____ :

Nominator Email: _____ :

Nominator Phone: _____ :

In 2-3 sentences, describe how the nominee demonstrates exemplary leadership in at least one of the three categories below. Please brief but succinct.

1. Impact on
minority health
research:

2. Impact on
minority health
education:

3. Impact on
minority health
policy:

4. Additional
comments on why
nominee deserves
recognition
(optional):

Please submit a completed nomination form and required attachments to veronica@nasomh.org by **March 31, 2024**. Self-nominations will not be accepted. Questions can be directed to veronica@nasomh.org. Be sure to complete the attached criteria for the nomination form and include a bio/resume that reflects the award criteria.