PUBLIC HEALTH CHAMPION 2023

Nomination Form

Nominee Information

Select One: ◯ Adult (25 years of age & over) ◯ Youth (24 years of age & under
◯ Organization

Nominee has been informed of the nomination? ☐ YES ☐ NO

Nominee Name:

Organization (if applicable):

Nominator Information

Name:

Organization (if applicable):

City: Email:

Reason for Nomination

Please describe in 500 words or less outlining examples of achievements of the nominee.

Deadline is January 10, 2024