

THE FOUNDATION FOR THE HISTORY OF WOMEN IN MEDICINE

Founders' Award

CALL FOR NOMINATIONS

The History of Women in Medicine announces its Founders' Award. This Award will recognize individuals and organizations or foundations that have taken an active role in advancing the preservation and/or promotion of the history of women in medicine through his/her professional aspirations or volunteer pursuits.

Ideal candidates or organizations will be (but not limited to),

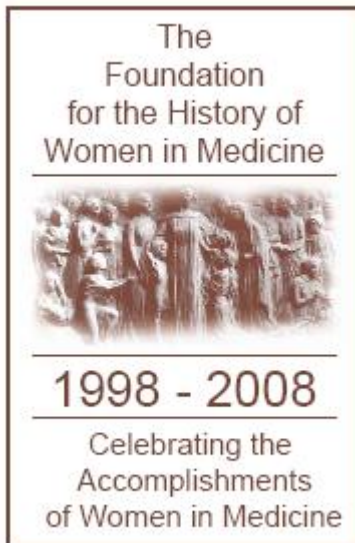
- Archivists, museum curators, individuals working with historical repositories, exhibits, etc.
- Historians, researchers, writers and others focused upon the impact of the history of women in medicine
- Educators who have been involved in the development and delivery of information pertaining to women in medicine
- Philanthropists and foundations who have given generously to promote and advance this aspect of women in medicine
- Other individuals or organizations that have personally or professionally impacted this area.

Award Guidelines

- 1) Please complete the nomination form.
- 2) A nomination letter should be attached, detailing the nominee's or organizations contributions, accomplishments and qualities in reference to the description of the Award (no self-nominations, please).
 - Attach any appropriate supporting material including evidence of the individual or organizations contributions.
- 3) Include the candidate's curriculum vitae or the organization's annual report.
- 4) Include a brief bio of the candidate, if applicable.
- 5) The original and eight of all materials should be received by July 24, 2009:

FHWIM Founders' Award
P.O. Box 543 ~ Pottstown, PA 19464

(Please note: materials arriving without the requested copies will not be considered.)



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MEDICINE**

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Nomination Form

Please complete this form.

Nominee's Name _____

Nominee's Current Position: _____

Nominee's Business/Organization Name: _____

Nominee's Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Submitted by:

Name: _____

Position: _____

Business/Organization Name: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Relationship to the Nominee (optional): _____

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