

**Indiana Environmental Health Association
Award Application**

Tim Sullivan Memorial Award

Name of Nominee: _____ Telephone: _____

Address: _____ City: _____ St: ___ Zip: _____

Employed by: _____

Present Title: _____

Length of Active Membership in IEHA _____ years.

Please complete the information below for the nominee. Nominator must make a compelling case. The Nominee must have gone above and beyond the required and/or expected duties of their position.

Outstanding and Civic contributions to the field of food protection within the past five (5) years:

Significant contribution(s) to the advancement of IEHA including State / Chapter Offices held, and Committees served on in the last five (5) years:

Please limit your comments only to the questions given above.

Person submitting this application:

Name: _____ Telephone: _____

Address: _____ City: _____ St: ___ Zip: _____

The deadline for submitting all nominations is July 15th! If necessary, use an additional page but the submission shall not be more than two pages.