

# APSP

## Dr. R. Neil Lowry

### Grant Nomination Form

#### Part I. To be filled out by Nominator

Check one of the following:

Nominee is an individual or public health official who is a citizen of the United States or Canada.

Nominee is a public health department in the United States or Canada.

Name of Person Submitting this Form:

Department:

Address:

City, State/Province, Zip/Postal Code:

Country:

Phone:

Fax:

Email:

Signature:

Date:

#### Part II. Complete Part II if Nominee is an Individual or Nominating Himself/Herself

Same as Nominator Above

Name of Individual Being Nominated:

Department:

Address:

City, State/Province, Zip/Postal Code:

Country:

Phone:

Fax:

Email:

#### Part III. Complete Part III if Nominee is a Department

Department Being Nominated:

Address:

City, State/Province, Zip/Postal Code:

Country:

Phone:

Fax:

Email:

Please email the nomination form to [awards@apsp.org](mailto:awards@apsp.org)

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## **Part IV. Outstanding Contribution or Program to be Considered for the Dr. R. Neil Lowry Grant**

(Attach additional sheets if necessary)

Please be sure to address the following information in the section below:

- Describe your planned/proposed program
- Describe the need or problem addressed, service provided, and benefit to public health and safety
- Describe the impact of the expected results
- Attach any supporting documentation

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Minimum: 250 words; Maximum: 1,000 words

## **Part V. If awarded, please describe how the Dr. R. Neil Lowry Grant money will be spent.**