Mail your complete application to:

2006 Foster G. McGaw Prize American Hospital Association One North Franklin/ Floor 32 Chicago, IL 60606

Applications must be received in the Prize office by close of business on April 7, 2006.

Questions? Please contact AHA Member Relations at 312/422-3932, or visit the web site at www.aha.org.

Application Cover Page

Name of Health Delivery Organization	
Mailing Address	
City, State, Zip Code	
Name of Contact (Mr. Ms. Mrs.)	Title
Phone	Fax
My health delivery organization is a (check one): O Hospital O Health System O Integrated Network	O Community Partnership O Other
Primary type of community: O Urban O Rural O Suburban O Mix	
References Please list three (3) individuals who can be contacted to provide reference information about (a) the commitment of the health delivery organization to community service and (b) the impact of the applicant's community service initiatives.	
Name of Reference, Title	Organization
City, State, Phone Number	Relationship to Health Care Org.
Name of Reference, Title	Organization
City, State, Phone Number	Relationship to Health Care Org.
Name of Reference, Title	Organization
City, State, Phone Number	Relationship to Health Care Org.
Signatures In submitting this application we give the American Hospital Association permission to use and disseminate the information contained herein except the audited financial statements.	
Chief Executive Officer	Type or Print Name
Board of Trustees Chair	Type or Print Name
Chief Medical Officer	Type or Print Name
Application Contact Person	Type or Print Name