

Application Cover Page

Mail your complete application to:

2009 Foster G. McGaw Prize
American Hospital Association
One North Franklin,
Suite 2800
Chicago, IL 60606

Applications must be received in the Prize office by close of business on April 3, 2009.

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

Name of Health Delivery Organization

Mailing Address

City, State, Zip Code

Name of Contact (Mr. Ms. Mrs.)

Title

Phone

Fax

E-mail

My health delivery organization is a (check one):

- Hospital Health System Integrated Network Community Partnership Other

Primary type of community:

- Urban Rural Suburban 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