

# Application

## Mail your complete application to:

2005 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 8, 2005.**

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

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Name of Health Delivery Organization

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Mailing Address

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City, State, Zip Code

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Name of Contact (Mr. Ms. Mrs.)

Title

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Phone

Fax

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.

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Name of Reference, Title

Organization

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City, State, Phone Number

Relationship to Health Care Org.

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Name of Reference, Title

Organization

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City, State, Phone Number

Relationship to Health Care Org.

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Name of Reference, Title

Organization

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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.

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Chief Executive Officer

Type or Print Name

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Board of Trustees Chair

Type or Print Name

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Chief Medical Officer

Type or Print Name

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Application Contact Person

Type or Print Name