[APPLICATION COVER PAGE]

Mail your complete application to:

2013 Foster G. McGaw Prize
American Hospital Association
155 North Wacker, Suite 400
Chicago, IL 60606

Applications must be received in the Prize office by close of business on April 5, 2013.

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

Checklist
Be sure to include:

- ✓ 5 copies of complete application
- ✓ 1 copy of audited financial statement
- ✓ 1 copy of most recent annual report and/or community benefit report
- ✓ 1 copy of current board of directors/trustees list

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.

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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