

# [ APPLICATION COVER PAGE ]

## Mail your complete application to:

2015 Foster G.  
McGaw Prize  
American Hospital  
Association  
155 North Wacker  
Drive, Suite 400  
Chicago, IL 60606

**E-mail the electronic version to:** [fostermcgaw@aha.org](mailto:fostermcgaw@aha.org)

**Applications must be received in the Prize office by close of business on April 3, 2015.**

## Questions?

Please contact  
AHA Member  
Relations at  
312/422-3932, or  
visit the web site  
at [www.aha.org/foster](http://www.aha.org/foster).

## Checklist

### Be sure to mail:

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

### Be sure to e-mail:

- ✓ 1 electronic copy of the application

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

Relationship to Health Care Organization

Name of Reference

Title

Organization

City, State, Phone

Relationship to Health Care Organization

Name of Reference

Title

Organization

City, State, Phone

Relationship to Health Care Organization

## 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