

**Deadline for receipt of nominations:  
July 22, 2016**

## Nomination Form

Please consider my nomination for the **Foundation for a Healthy Kentucky** (check one or both):

- Board of Directors  
 Community Advisory Committee (CAC)

Name of Nominee:		Degree:	
Preferred Mailing Address:			
City, State, Zip:			
My Preferred Mailing Address is:	Check one: <input type="checkbox"/> Home or <input type="checkbox"/> Office		
Office Phone:		Fax:	
Cell or Home Phone:		Email:	
City of Residence:		County of Residence:	
Job Title:			
Employer:			
Race/Ethnicity (OPTIONAL):			

**Why do you want to serve on the Board of Directors or the CAC?** Please describe:

**Commitment to the mission:** Please describe your (the nominee's) personal commitment or experience relevant to the Foundation's mission (you may attach a statement of no more than one page):

**Expertise:** Please describe experience or expertise relevant to improving health care policy, health care delivery, philanthropy and/or finance and/or from other sectors and professions, such as business, law and education. (you may attach a statement of no more than one page):

**Group affiliations:** The Board of Directors and the Community Advisory Committee (CAC) take seriously their charge to represent the diverse interests of residents of the Commonwealth. Our goal is to embody diversity in many ways: including geography, demography, income and role in the health care system, including consumers. Please list any group memberships, personal attributes or community activities that are relevant to the mission and speak to your (the nominee's) ability to ensure that diverse communities are represented on the Board and the CAC:

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**References:** Please provide two personal and two work (if applicable) references.

**Personal Reference 1:**

Name:	
Daytime Phone:	
Relationship to Nominee:	

**Personal Reference 2:**

Name:	
Daytime Phone:	
Relationship to Nominee:	

**Work Reference 1:**

Name:	
Title:	
Organization:	
Daytime Phone:	
Relationship to Nominee:	

**Work Reference 2:**

Name:	
Title:	
Organization:	
Daytime Phone:	
Relationship to Nominee:	

**Nominated by:** You may nominate yourself or someone else. Does the nominee know of the nomination?  Yes  No

Nominated by (if not self):	
Title/Organization:	
Daytime Phone:	
Email:	

**Submit completed nomination via Email or Mail to:**

Mary Jo Shircliffe  
 Vice President, Operations and Administration  
 1640 Lyndon Farm Court, Suite 100  
 Louisville, KY 40223

502-326-2583  
 Toll free 877-326-2583  
[mshircliffe@healthy-ky.org](mailto:mshircliffe@healthy-ky.org)