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**Sandi Van Scoyoc Legacy Award Nomination**

**Information About Nominee**

🞎 Individual 🞎 Organization

Name

Position

Organization

Address

Telephone

Email address of nominee or contact person at nominated organization

**Information About Nominator**

Name of person making the nomination

Telephone number

Email address

**Area of Commitment or Innovation**

Which of the New Hampshire Children’s Health Foundation’s priority areas has the nominee advanced?

**🞎** Reducing or preventing childhood trauma

**🞎** Increasing access to children's health insurance coverage

**🞎** Promoting oral health

**🞎** Promoting healthy eating or active living

**Supporting Detail**

In two pages or less please tell us why the nominee is worthy of recognition. Specifically:

1. How the nomineehas demonstrated an exemplary and aspirational commitment or innovation to improve the health and wellness of children and families.
2. The impact the nominee or the nominee’s work has had on the community.

**Please email** this form and supporting detail to

[applications@NHChildrensHealthFoundation.org](mailto:applications@NHChildrensHealthFoundation.org).