2022 Nomination Form

Holroyd-Sherry Award

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**Who is eligible for this award?**

AAP Fellows whose outstanding contributions have demonstrated that media's influence on child and adolescent health is an important public health issue, and whose work in the areas of advocacy, legislation, research, and professional or public education addresses and/or suggests solutions to the health implications raised by child and adolescent use of media. Current members of the Council on Communications and Media Executive Committee or employees of the AAP are not eligible. Self nomination is allowed.

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**I hereby nominate:**

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| Nominee’s Name: | | | | |  | | | | | | | | | | | | | | |
| Title: | | *(please print or type)* | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | |  | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | State: |  | | | | | | Zip Code: | |  |
| Telephone: | | |  | | | | | Fax: |  | | | Email: | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |
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| * Self nomination   Nominator’s Name: | | | | | |  | | | | | | | | | | | | | |
| Title: | |  | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | |  | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | State: |  | | | | | | Zip Code: | |  |
| Telephone: | | |  | | | | | Fax: |  | | | | e-mail: | | |  | | | | |
| Nominator’s Signature: | | | | | | |  | | | | | | | Date: | | | |  | |

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| **The following items should be included with this form:**   * **Nomination Letter (written by primary nominator)**: * Two page maximum * Emphasize the specific contributions of the nominee that merit consideration by the selection committee. * List and describe the nominee’s pertinent activities in the area of education, research, and/or advocacy as it relates to media’s influence on child and adolescent health. Include information on the impact of this work, providing as much detail as necessary to give a clear picture of the nominee’s qualifications. * Indicate whether the candidate has previously received awards or special recognition for his or her work. * **Additional Letter of Support (optional):** * Two page maximum * Preferably written by a colleague or person with direct involvement in nominee’s activities * **Nominee’s Curriculum Vitae** * **Supporting Materials (optional)** * May include reviews, papers, or articles. * 5-page maximum   **Please send materials by March 12, 2022 to:**  Department of Public Affairs  Re: 2016 Holroyd-Sherry Award  American Academy of Pediatrics  345 Park Blvd  Itasca, IL 60143  Phone: 800/434-4000 e-mail:COCM@aap.org |