

California Association for Health, Physical Education, Recreation and Dance



HEALTH EDUCATION AWARD

PURPOSE

The Health Education Division has developed this award to recognize deserving individuals or organizations that have demonstrated significant contributions toward the advancement of school health programs, including the promotion of the health of children and youth.

DESCRIPTION

The award(s) will be presented to deserving Health Educators. One award may be given from any one (not each) of the following categories:

- Elementary (Pre-K - Grade 6)
- Secondary (Grades 6-12)
- College/University
- Organization or Individual

The award will be presented by the Health Division at the CAHPERD State Conference.

CRITERIA

The following criteria will be used in the selection of the honorees:

1. The nominee shall be a person of professional integrity
2. The nominee shall be a current or past member of CAHPERD during the last three (3) years, including their year of nomination
3. The nominee must have made significant contributions towards promoting the health of school-age youth
4. Consideration shall be given for community service and other volunteer activity
5. Consideration shall be given for involvement in CAHPERD

PROCEDURE

The following procedures will be used in the selection of the Health Education Award recipient(s):

1. Call for nominations shall appear in the CAHPERD *Journal/Times*
2. Nomination forms shall be distributed to interested individuals, by request.
3. Completed applications shall be sent to the CAHPERD State Office, Attn: Vice President for Health or directly to the VP for Health.
4. The Vice President for Health shall present the award(s) to honoree(s) at the annual State CAHPERD Conference.

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Nomination Form

(To be completed by applicant or nominator)

PLEASE TYPE OR PRINT:

Name of Nominee _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Fax () _____ Email _____

1. EDUCATION

High School Attended _____ City/State _____ Year Graduated _____

Colleges/Universities

Degree

Major

2. Statement of qualifications: _____

3. Describe nominee's current or past involvement with CAHPERD: _____

4. What is nominee's teaching background? _____

5. Describe nominee's contributions in promoting quality school health programs: _____

6. Describe nominee's community service background: _____

7. Describe nominee's involvement in health associations: _____

8. Present employment position: _____
Institution: _____
Address: _____
City/State/Zip: _____

9. Name of nominator: _____
Address: _____
City: _____ State _____ Zip _____
Home Phone: () _____ Work Phone: () _____
Fax () _____ Email _____

10. Enclose two letters of recommendation.

Please return completed form to:

CAHPERD State Office
1501 El Camino Avenue - Suite 3
Sacramento, CA 95815-2748

DEADLINE FOR FILING: December 1st (Postmarked)