

THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL  
**SERVICE AWARD FOR A POLIO-FREE WORLD**

Nomination Form

**\*Deadline: 1 November 2016\***

Please submit this form to the PolioPlus program of The Rotary Foundation by email to [polioplus@rotary.org](mailto:polioplus@rotary.org).

This is a proposal for an award for outstanding service:

-----CHECK ONE-----

[ ] **REGIONAL** (for service **WITHIN** one of the 6 regions identified by the World Health Organization Region)

OR

[ ] **INTERNATIONAL** (for service **BEYOND** a World Health Organization Region)

**NOMINEE Information:** (please write clearly or type information)

Name \_\_\_\_\_  
Surname First Middle

Address \_\_\_\_\_  
\_\_\_\_\_

Country \_\_\_\_\_ Rotary Club \_\_\_\_\_ District \_\_\_\_\_

Email Address (if known) \_\_\_\_\_

**PROPOSER Information:** (please write clearly or type information)

Name \_\_\_\_\_  
Surname First Middle

Address \_\_\_\_\_  
\_\_\_\_\_

Country \_\_\_\_\_ Rotary Club \_\_\_\_\_ District \_\_\_\_\_

**What is the proposer's relation to the nominee?** (District Governor to district or club committee member, Chairman of National Committee to member of national committee, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**ONLY SERVICE SINCE 1 NOVEMBER 1992 CAN BE CONSIDERED**

**Service:**

Explain in detail what the nominee has done which merits recognition as being an active, personal, non-financial contributor to the eradication of polio; why it has been outstanding; when it was performed. **If the nomination is being made for an international level award, explain why the service is broader than that confined to a single WHO region.**  
(please write clearly or type information, minimal of 400 typed words)

**Service to Polio:**

The nominee has served the following committees:

<input type="checkbox"/> Club PolioPlus Committee	Year(s) _____ - _____	Chairman Year(s) _____ - _____
<input type="checkbox"/> District PolioPlus Subcommittee	Year(s) _____ - _____	Chairman Year(s) _____ - _____
<input type="checkbox"/> National PolioPlus Committee	Year(s) _____ - _____	Chairman Year(s) _____ - _____
<input type="checkbox"/> Regional PolioPlus Committee	Year(s) _____ - _____	Chairman Year(s) _____ - _____
<input type="checkbox"/> International PolioPlus Committee	Year(s) _____ - _____	Chairman Year(s) _____ - _____
<input type="checkbox"/> End Polio Now Zone Coordinator	Year(s) _____ - _____	Chairman Year(s) _____ - _____
<input type="checkbox"/> National Advocacy Advisor	Year(s) _____ - _____	Chairman Year(s) _____ - _____
<input type="checkbox"/> Polio Eradication Advocacy Task Force	Year(s) _____ - _____	Chairman Year(s) _____ - _____

Note: Above service is not mandatory to receive the award but may be helpful to judge the service and determine eligibility.

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Signed