

NOMINATION FORM



Name of Nominee: _____ Date of Birth : _____ Date: _____

Sex (M) _____ (F) _____ Nominee's Healthcare Facility _____

Nominee's Address _____

Phone Number _____ E-mail _____

Nominator's Name _____ Relation to Nominee _____

Nominator's Address _____

Phone Number _____ E-mail _____

How did you hear about the *Heroes of Hope™ Living with CF* program? _____

Describe how the nominee meets the following nomination criteria:
If additional information is provided, only two additional pages (1000 words total) will be accepted.

1. Attitude: Describe the nominee's attitude to approaching daily life, pursuing his/her dreams and accepting CF.

2. CF Health Maintenance: Describe the nominee's daily health maintenance regimen in detail (i.e. frequency, types of oral, inhaled and I.V. medicines, airway clearance, number of hospitalizations, other conditions, etc.). Include information about his/her compliance to the regimen.

3. Determination: How has the nominee exhibited strength, resilience and responsibility in meeting the challenges of CF?

4. Service: Describe the nominee's participation in community activities (athletics, church, volunteer work, school, music, etc.). How is he/she a role model to others?
