

**NJ SOPHE AWARDS & SCHOLARSHIPS**  
***Health Educator of the Year Nomination & Application***



**Nominator Information**

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Name of person making nomination

Title/Position

Workplace/Affiliation

Mailing address

Phone number

Email address

Are you a current member of NJ SOPHE?      Yes                  No

**Candidate Information    **MUST BE NJ SOPHE MEMBER****

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Candidate's name

Title/Position

Workplace/Affiliation

Mailing address

Phone number

Email address

# of years in NJ SOPHE (must be member in good standing)

# of years of experience in the field of health education

Please describe the candidate's key accomplishments and distinguished characteristics (*attach a separate page if necessary*)

## References

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Please provide the name, email address and phone number for three references. These references may be contacted to better understand the candidate's qualifications.

1.

2.

3.

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Signature of person submitting nomination

Date

**E-mail your completed application and required documents to:**

Krista M. Reale

[njsopheawards@gmail.com](mailto:njsopheawards@gmail.com)

**Applications must be received by Friday October 23, 2020**