

# 2018 AGA TRENTON CHAPTER AWARDS

Date: \_\_\_\_\_

I would like to nominate the following individual for a 2018 AGA Trenton Chapter Award:

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(City/State/Zip) \_\_\_\_\_

(Telephone Number) \_\_\_\_\_

Please check the designation of the award for which you nominate this individual.

**CHECK ONE ONLY**

- The James Dolan Award
- Distinguished Leadership Award
- Achievement of the Year Award
- Education and Training Award
- Special Achievement Award
- Chapter Service Award
- Thomas J. Kaschak Memorial Scholarship\*

*\*Note: This award requires submission of the "Scholarship Application"*

Additional supporting information may accompany this nomination form. Please be concise as possible. We may contact you for additional information, if necessary.

Biographical Sketch of Nominee (*position, title, education, other pertinent background information, etc.*)

**Description of Accomplishments/Achievements**

**Citation** (*For use as the formal award citation. Succinctly describe accomplishments, particularly their impact or results.*)

Signature of Nominator \_\_\_\_\_

Printed Name of Nominator \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

◆ **DEADLINE FOR NOMINATION is March 30, 2018** ◆

Mail Nomination Forms to:

Christopher Schwartz, NJ Dept of Health- Div. of Mental Health & AS, 5 Commerce Way (Suite 100),  
P.O. Box 362, Trenton, NJ 08625-0362