

## ***V. F. LOWELL MEMORIAL AWARD***

### **for Undergraduate Professionalism in Community Health and Health Services Management**

#### **Purpose of Award**

To promote the development of undergraduate professionalism by recognizing those students who have made outstanding contributions to the department, university, and their chosen profession.

#### **Eligibility**

1. Must be a major in the Department of Community Health and Health Services Management.
2. Must have a minimum of 30 semester hours at Western.
3. Previous recipients are eligible to apply.

#### **Award**

The award will consist of:

- a. a department plaque on which the recipient's name and the year the award was granted will be recorded;
- b. a plaque given to each recipient in recognition of this achievement;
- c. a personal gift suitable to the professional needs and interests of the recipient.

#### **Selection**

Selection will be made by a committee of Community Health and Health Services Management faculty. A rating scale has been developed to evaluate the applications.

#### **Deadline**

Applications must be returned to the Department of Community Health and Health Services Management secretaries in Stipes Hall, by **April 1**.

**V. F. Lowell Professionalism Award**  
**Department of Community Health and Health Services Management**

**Application**

Please respond to the following questions as completely as possible. Print or type your responses. Neatness and clarity of responses will be considerations in selecting the recipient. Return this application to the Department of Community Health and Health Services Management secretary by **October 1**.

Name \_\_\_\_\_ Date \_\_\_\_\_

Current Address \_\_\_\_\_

Home Address \_\_\_\_\_

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

Major \_\_\_\_\_ Option \_\_\_\_\_

Minor(s) \_\_\_\_\_

Year in School \_\_\_\_\_

Number of Semester Hours Completed at Western \_\_\_\_\_

Accumulative Grade Point Average \_\_\_\_\_

Academic Advisor \_\_\_\_\_

**I. Professional Activities**

A. Active membership in professional organizations. In space provided, indicate year of initial membership.

|             |            |          |                   |
|-------------|------------|----------|-------------------|
| ___ ASHA    | ___ NSC    | ___ ACHA | ___ Others - list |
| ___ APHA    | ___ IPHA   | ___ NCFR | _____             |
| ___ AAHPERD | ___ IAHPER | ___ ICFR | _____             |
| ___ NATA    | ___ ISOPHE | ___ NAS  | _____             |



D. Work with Health-related Agencies (AHA/CPR Instructor, ARC/Blood Mobile, Candy Striper, etc.)

| <u>Name of Agency</u> | <u>Position or Duties</u> | <u>Date</u> | <u>Hours of Service</u> |
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E. Publications - articles. Give complete bibliographic information.

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F. Speeches. Indicate subject/date/place.

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G. Honors received. (List type/date/awarded by whom)

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