

COMMUNITY MOBILIZATION AWARD NOMINATION FORM

The Dr. Antronette (Toni) Yancey and Darlene Edgley Fellowship for Health Promotion, Physical Fitness and Community Health Education

2020-2021 Award Year

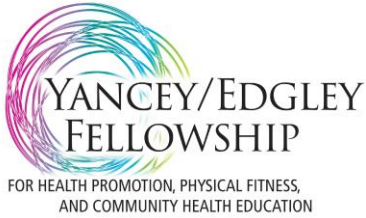
The Yancey/Edgley Fellowship for Health Promotion, Physical Fitness, & Community Health Education's mission is to develop leaders of color who are committed to fighting obesity-related health disparities in underserved communities and minority populations. We support their efforts to promote physical activity and other health promotion strategies through innovative health programs and community engagement.

We want to recognize the community members who exemplify a commitment to fighting obesity-related health disparities in their own communities by mobilizing and engaging them through physical activity.

We are currently accepting highly qualified nominations for our Physical Activity Community Mobilization Award which provides \$750 funding to the selected candidate.

The nominator will be expected to provide details on the nominee's motivation, values, and merits as it relates to increasing physical activity within their community, organization and/ or faith-based organization. They will also be expected to provide some details on the nominator's project, how it has benefitted their community, and any plans for further development or dissemination.

Nomination Deadline: TBD



COMMUNITY MOBILIZATION AWARD NOMINATION FORM

I. NOMINATOR INFORMATION *(Complete the information below legibly.)*

Nominator Name: _____

Organization (If applicable): _____

Email: _____

Address: _____

Phone #: _____

Job Title (if applicable): _____

II. NOMINEE INFORMATION *(Complete the information below legibly.)*

Nominee Name: _____

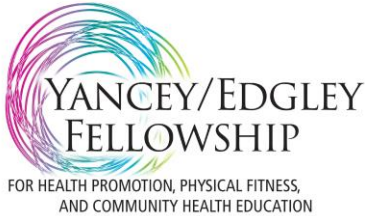
Organization (If applicable): _____

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Address: _____

Phone #: _____

Job Title (if applicable): _____



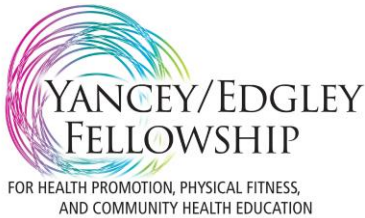
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III. ELIGIBILITY INDICATORS *(only nominees who meet the following criteria will be considered):*

1. Nominees **must** be nominated by someone in order to be considered for the Physical Activity Community Mobilization Award (self-nominations will not be accepted).
2. The nominee must belong to at least one of the following historically, underrepresented racial and/or ethnic groups listed:

American Indian or Alaska Native
Asian
Black or African American
Hispanic or Latino
Pacific Islander

3. Nominees must be at least 18 years of age and a U.S. Citizen.
4. The nominee must currently work to improve the health of an underserved and minority community through interventions that promote physical activity.
5. The highlighted work must involve a community-based organization, e.g.: churches, schools, community centers, nursing homes, senior centers, health department, etc. Note: the nominee need not be employed by the organization in which the intervention takes place.
6. The nomination can be for a specific project or a larger body of work that meets other criteria.

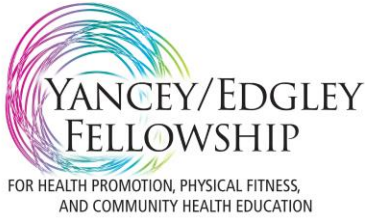


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IV. PROMPTS

Considering the Yancey/Edgley Fellowship's mission, complete prompts questions to tell us more about why you have nominated this individual or organization.

1. In 300 words or less, describe in what capacity you have worked with or known the nominee?
2. In 300 words or less, provide a brief history of the individual's motivation and actions to implement a community-engaged approach to physical activity?
3. In 300 words or less, provide a short description of the community that has directly been impacted by the nominee's health intervention. Example: demographic information of the community, relevant health problems, or underserved status.
4. In 5000 characters or less, please explain the significance of the individual's accomplishments and his/her efforts to use physical activity to improve the health of the targeted population. Speak directly to what makes the individual deserving of this award. If applicable, articulate any measurable outcomes identified in the target community due to participating in the health intervention.
5. In 300 words or less, please share anything you would like the selection committee to consider or be aware of when evaluating your nomination form. This can include links to supporting documents.



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SIGNATURE OF NOMINATOR

I certify that answers given herein, as well as all information provided, are true and complete to the best of my knowledge. I authorize Dr. Antronette Yancey (Toni) and Darlene Edgley Fellowship to make such investigations and inquiries of any submitted information and other related matters as may be necessary to arrive at an award decision. I hereby release all employers, academic institutions, and individuals from all liability in responding to inquiries regarding this fellowship application.

I make this statement to the Dr. Antronette (Toni) Yancey and Darlene Edgley Fellowship with full knowledge that any false or misleading information may be sufficient cause for dismissal and forfeit all awards.

Nominator Name (Please print/type)

Nominator Signature

Date

Submission instructions

To apply, submit a completed application by **TBD**

Question(s): (323) 228-4151 | info@yanceyfellowship.org