



**Blue Cross and Blue Shield of Minnesota Foundation
Moving Upstream Health Leadership Award
Nomination Form**

Please complete and submit this form by August 31, 2007. Thank you!

Nominee

Nominee's Name

Position/Title

Organization

Address

City

ZIP

E-mail

Daytime Phone ()

Fax: ()

Description of Nominee's Work

Please provide brief answers to the following questions (maximum 200 words per question).

Please describe the nominee's current role and organization.

Across his/her career, how has the nominee improved the health of the community in our state?

How does the nominee demonstrate collaboration?

Provide examples of the nominee's work across sectors and cultures that contributes to healthier communities.

How does the nominee build leadership of others in the community?

Please tell us more about the nominee's leadership qualities and why you believe he/she should receive this award.

Nominated by

Name and Role

Organization

Address

City

ZIP

E-mail

Daytime phone ()

Nominator/Organization's Relationship to Nominee

Continued...

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Please list two other people we could talk to if we have questions or would like more information about this nominee.

Name

Name

Organization

Organization

Phone ()

Phone ()

If you have questions, please contact Julie Lee at (651) 662-6574 or by e-mail at Julie_A_Lee@bluecrossmn.com.

Please mail, e-mail or fax nominations to:

Moving Upstream Health Leadership Award
Blue Cross and Blue Shield of Minnesota Foundation
3535 Blue Cross Road
Eagan, MN 55122
(651) 662-1361 (fax)
foundation@bluecrossmn.com (e-mail)