TO: SHRP Faculty and Staff

FROM: Randa S. Hall, MBA, MSHA
Chair, SHRP Honors and Awards Committee

SUBJECT: Nominations for SHRP Student Honors and Awards

Nomination are being accepted for the SHRP Student Awards. If you know of outstanding students in your program who you think may qualify for any of these awards, please contact your director. Nominees may be any students graduating in December 2004 or May 2005. The awards and criteria are listed below. The deadline for each award nomination is **Wednesday, December 1st**. Selection will be made by the SHRP Honors and Awards Committee which consists of a representative from each of the school’s academic departments and SHRP administration.

1. **Dean’s Leadership and Service Award**
   a. The award is presented to up to three outstanding students for leadership and service to the school, UAB and the community.
   b. More than one student may be nominated from each program.
   c. The criteria are: GPA and other scholastic awards and achievements (30%), collegiate and program-related public service activities while enrolled in SHRP (45%), other collegiate activities prior to enrolling in SHRP (15%) and community activities (10%).

2. **Cecile Clardy Satterfield Award for Humanism in Health Care**
   a. The award is presented to recognize an outstanding student for humanitarianism, professionalism and commitment to health care.
   b. Nominations may be made by faculty, clinical supervisors, students and/or patients.
   c. More than one student may be nominated from each program.

3. **Alfred W. Sangster Award for Outstanding International Student**
   a. The award is presented to an outstanding international student in recognition of academic and non-academic accomplishments.
   b. More than one student may be nominated from each program.

4. **Charles Brooks Award for Creativity**
   a. The award is presented to an outstanding student in recognition of creative accomplishments (written publications, artistic contributions, etc.) which complemented the student’s academic activities in the school and UAB.
   b. More than one student may be nominated from each program.
CHARLES BROOKS AWARD FOR CREATIVITY
SCHOOL OF HEALTH RELATED PROFESSIONS

Nomination Form
2004

NAME:__________________________________________________________

_________ Last           ___________ First           ___________ Middle

ADDRESS:____________________________________________________________________

_________ Street           ___________ City           ___________ State           ___________ Zip

PHONE:_________________________ HOMETOWN:____________________________

PROGRAM:__________________________________________________________

NAME OF PARENTS, if applicable:________________________________________

NAME OF SPOUSE, if applicable:________________________________________

PERSON NOMINATING
STUDENT:__________________________________________________________

__________________________________________________________

TITLE:

__________________________________________________________

Summary of creative accomplishments in SHRP and UAB (written publications, artistic contributions, etc.) which complemented this student’s academic activities in the school of health related professions and the university:
Use additional sheets as necessary. Reference letters or a portfolio may be attached to this form. Completed application should be submitted Randa Hall, Webb 514, no later than **Wednesday, December 1st**. The award recipient will be notified in early December.
DEAN’S LEADERSHIP AND SERVICE AWARD
SCHOOL OF HEALTH RELATED PROFESSIONS

Nomination Form
2004

NAME: ______________________________________________________________

Last                                                    First

Middle

PROGRAM: __________________________________________________________

____________________________________________________________________

STUDENT NUMBER: __________________________________________________

____________________________________________________________________

GRADE POINT AVERAGE: _________________

(Scale : A=4.0) Pre-SHRP ______________  SHRP Prog ______________

LOCAL ADDRESS: ______________________________________________________

Street                                                        City                                State                   Zip

PHONE: ______________________________________________________________

____________________________________________________________________

PERMANENT ADDRESS (if different from local):

Street                                                        City                            State                        Zip

____________________________________________________________________

EXPECTED DATE OF GRADUATION: _______________________________________

HOMETOWN: _________________________________________________________

NAME OF PARENTS (if applicable): _____________________________________

NAME OF SPOUSE (if applicable):

____________________________________________________________________

PERSON NOMINATING STUDENT:

____________________________________________________________________

____________________________________________________________________

TITLE: ______________________________________________________________

____________________________________________________________________

GENERAL INSTRUCTIONS: Please include all college-level information (Pre-

SHRP and SHRP activities, etc.) which will be helpful in evaluating the nominee in
leadership, service, scholarship, etc.; additional sheets may be used, if necessary. List only activities and memberships that have been on an active basis and that can be readily verified upon request (please use complete name of organization, not abbreviations); paid experiences or activities will not be considered. Letters of recommendation from the department chairman, program director or faculty member may be attached to this nomination form. Completed application should be submitted Randa Hall, Webb 514, no later than Wednesday, December 1st. The award recipient will be notified in early December.

ALFRED W. SANGSTER AWARD FOR OUTSTANDING INTERNATIONAL STUDENT
SCHOOL OF HEALTH RELATED PROFESSIONS
Nomination Form 2004

NAME:____________________________________________________________
   Last                                                    First
   Middle
PROGRAM:_______________________________________________________

STUDENT NUMBER:__________________________________________________

GRADE POINT AVERAGE: ____________________________
(Scale : A=4.0) Pre-SHRP _________ SRP Prog __________

LOCAL ADDRESS:___________________________________________________
   Street                         City                                  State                 Zip

PHONE:_____________________________________________________________

PERMANENT ADDRESS (if different from local):

   Street                                                  City                                  State                 Zip

TERM OF GRADUATION: ______________________________

HOMETOWN:_________________________________________

NAME OF PARENTS (if applicable):
__________________________________________

NAME OF SPOUSE (if applicable):
_____________________________________________
PERSON NOMINATING STUDENT:

____________________________________

TITLE:_______________________________________________________

Summary of academic and non-academic accomplishments, characteristics, etc. which qualify student for this award:

Use additional sheets as necessary. Reference letters or a portfolio may be attached to this form. Completed application should be submitted Randa Hall, Webb 514, no later than **Wednesday, December 1st.** The award recipient will be notified in early December.
THE CECILE CLARDY SATTERFIELD AWARD
FOR HUMANISM IN HEALTH CARE
SCHOOL OF HEALTH RELATED PROFESSIONS
Nomination Form
2004

NAME:____________________________________________________________
     Last                                                   First
Middle
PROGRAM: _______________________________________________________

STUDENT NUMBER:_________________________________________________

LOCAL ADDRESS:
     Street                                                        City                                  State                Zip

PHONE:_________________  TERM OF GRADUATION: _________________

HOMETOWN:______________________________

NAME OF PARENTS (if applicable):
________________________________________________________________

NAME OF SPOUSE (if applicable):
________________________________________________________________

PERSON NOMINATING STUDENT:
________________________________________________________________

TITLE:_____________________________________________________________

SIGNATURE OF PROGRAM DIRECTOR **____________________________________

*A student can be nominated by a program director or faculty member, another
student, a clinical supervisor or a patient.
**Signature of program director verifies that this student is in good academic
standing and eligible for graduation.

Please attach:

1. Letter(s) of support to include evidence of humanitarianism and professionalism
   in health care may be submitted by the program director or faculty member, clinical
   supervisors, person nominating the student and/or patients with whom the nominee
   has worked.

2. Statement of philosophy regarding the role of his/her profession as a member
   of the health care team.
3. A resume.

Additional information regarding criteria and procedures are included on the attached. Completed application should be submitted Randa Hall, Webb 514, no later than **Wednesday, December 1st**. The award recipient will be notified in early December.
CHARLES BROOKS AWARD FOR CREATIVITY  
SCHOOL OF HEALTH RELATED PROFESSIONS  
Nomination Form  
2004

NAME: ______________________________________________________________  
Last                                                    First  
Middle  

ADDRESS:  
Street                                                        City                            State         Zip  

PHONE: _____________________________________  HOMETOWN: ___________________  

PROGRAM: ____________________________________________________________  

NAME OF PARENTS, if applicable: _______________________________________  

NAME OF SPOUSE, if applicable: ________________________________________  

PERSON NOMINATING  
STUDENT: ____________________________________________________________  
TITLE: ________________________________________________________________  

Summary of creative accomplishments in SHRP and UAB (written publications, artistic contributions, etc.) which complemented this student's academic activities in the school of health related professions and the university:
Use additional sheets as necessary. Reference letters or a portfolio may be attached to this form. Completed application should be submitted to Randa Hall, Webb 514, no later than **Wednesday, December 1st.** The award recipient will be notified in early December.