MOLINA HEALTHCARE'S

COMMUNITY CHAMPIONS

AWARDS

Molina Healthcare's Community Champions Awards program was created in 2006 to honor and bring together people whose leadership, volunteerism, and public advocacy embody the spirit of service and community.

Winners each receive a \$3,000 grant for the nonprofit organization of their choice and a trophy. At the awards event, we recognize these Community Champions and showcase the extraordinary work of the nominating agencies and grant recipients.

HOW ARE PEOPLE NOMINATED?

Community-based organizations nominate volunteers or employees who work to improve the quality of life in their community.

HOW ARE WINNERS SELECTED?

A panel of judges reviews nominees and selects winners based on the following criteria:

- Overall community contributions and involvement
- Achievements or qualities that show a nominee's commitment to serving those in need
- Specific results demonstrating the positive influence a nominee's activities have had on the community





MolinaHealthcare.com



#MOLINACHAMPIONS

COMMUNITY CHAMPIONS

NOMINATION FORM

| NUMINEE INFORMATION: | | m:d. | | |
|--|--|--|--|---|
| Name: | TTT 1 D1 | Title: | | |
| Organization: | Work Phone: | | E-mail: | |
| Work Address: | City: | , | State: | Zip: |
| Home Address: | City: | | State: | Zip: |
| Home Phone: | Cell Phone: | | E-mail: | |
| NOMINEE PROFILE: Please use a separate sheet of paper to desqualities (outside of his/her salaried job) the please include specific examples in the following. What key contributions has the noming be specific and include projects, events the community. What have been the results or influence many hours in total this individual volution individuals benefited from their efforts. What sets your nominee apart from other friends involved, etc.) Please include any other contributions the community. If you could describe this individual in NOMINATING ORGANIZATION INFORM. | hat qualify him/her for lowing areas: nee provided to the constant of the nominee's act unteered, how many of and qualitative resulter volunteers? (e.g. to so by which this individuance one word, what would not have the constant of the co | mmunity outs r work, and an tivities? Pleas organizations alts. their positive | on. side of his/l ny other ser se include q they volun attitude, th | her salaried job? Please rvice he/she provides to quantitative (e.g. how teer with, how many ney get their family and |
| Name of Nominating Organization: | ATTON: | | | |
| Contact Name: | Relationship to Nominee: | | | |
| Organization Address: | City: | State: | Zip: | |
| Work Phone: | Cell Phone: | | E-mail: | |
| ORGANIZATION PROFILE: Please describe the nominating organizational paper. Please return nomination forms by | | | | |
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