



Linda Rainford Award

For The Outstanding Recipient

In the Field of
Cancer Education, Prevention, Treatment and Support Services

Please help us by recognizing a deserving recipient. The recipient will be recognized at the “Learning, Loving and Living with Cancer” Luncheon, in October of this year.

Please fill out the nomination form and return it to The Desert Cancer Foundation of Arizona, PO Box 2796, Chandler, AZ 85244-2796. Nomination submission forms are due no later than July 1st, at 6:00pm.

For additional nomination forms, please copy nomination forms, call 480-736-6897 or email info@desertcanceraz.org.

Thank you for helping the Desert Cancer Foundation of Arizona honor an outstanding recipient in the field of cancer education, prevention, treatment or support services.

The Desert Cancer Foundation of Arizona



Linda Rainford Award Nomination Form Guidelines

Linda Rainford was an ovarian cancer survivor for six years. She consistently educated those around her on cancer and the opportunities it provided her for growth, spirituality and the emotional difficulties of living with cancer.

The Desert Cancer Foundation of Arizona dedicated this award to Linda because of her courage to confront an ominous disease and her tenacious belief in living life to the fullest. For more information please go to www.desertcanceraz.org

Please read carefully.

The selection Committee will consider adherence to these guidelines and procedures when evaluating nominations.

The Desert Cancer Foundation of Arizona's Linda Rainford Award recognizes the individual or an organization that has contributed to the betterment of cancer education, prevention, treatment and/or support services within the community.

Nominations are evaluated with attention given to how the nominee's service has benefited others in the community affected by cancer, who have limited resources to help themselves.

Current members of the Desert Cancer Foundation of Arizona's Executive Board or Board of Director's are not eligible for this award.

Nomination Form

To receive additional nomination forms, call 480-763-6897 or e-mail info@desertcanceraz.org
Nomination submission form deadline is July 1st, by 6:00pm.

Selection Procedure

The nomination application must be completed in full. All nominee and nominator information must be completed. Do not enclose the application in a folder or binder.

Any individual or group may nominate one or more recipients.

Members of the Selection Committee will forward honoree recommendation to the DCFA Board for the final decision. All information and supplementary information becomes the property of the DCFA and cannot be returned.

- You may answer questions on a computer-generated duplicate, photocopied form or additional pages.
- Answer all questions. Be concise and thorough.
- Focus on the nominee's area(s) of greatest impact and innovation in the community.
- Provide sufficient background information. The selection committee may know little, if anything about your nominee and his or her organization.
- Attach additional pages as needed. Answers continued on attached pages should include the nominee's name. Please restate the entire question being answered.
- You may provide any supporting information you think will assist the selection committee. Supplement information should support, not restate the entire question being answered.
- Materials will not be returned.
- The committee will verify all information provided.

The honoree will be presented with a commemorative award at the Annual Learning, Loving and Living with Cancer Luncheon.

Please mail your completed nomination form to:

The Desert Cancer Foundation of Arizona
PO Box 2796
Chandler, AZ 85244-2796



Linda Rainford Award

Nomination Form

Please indicate nominee's area(s) of contribution on the line below Nominee Information header.

Nominee Information: **Cancer Education** **Prevention**
 Treatment **Support Services**

Individual/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____

E-mail Address: _____

Has this nominee received this award in the past? Yes No

If yes, what for: _____



Nominator Information:

Nominator's Name: _____

Individual/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____

E-mail Address: _____



Signature

Date



- ❖ Provide a brief overview of the nominee, (individual or organization) so that we understand the benefit to the individuals, the community or volunteer groups. Name and describe the nominee's services provided: (For example, years and type of service)

- ❖ How does this nominee's service benefit the community?

- ❖ Summarize why this nominee deserves the Linda Rainford Award and provide any additional information you feel is important for consideration.

Please provide two references that may be contacted to verify the scope and extent of the nominee's activities. References should be individuals familiar with the nominee's community service activity and should not include the nominee or a person related to the nominee.

Name: _____

Name: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____