



Healthy Community Awards

Each year, the Hancock Health Foundation recognizes a local organization and individual whose service efforts have created positive change in the health and wellness of our local communities. Recipients of these awards will be recognized at our annual holiday celebration at the end of the year.

Bert Curry Healthy Community Award- Named in honor of the Hancock Health Foundation's first Executive Director, this award recognizes an individual who has demonstrated a commitment to helping others and improving health and wellness in our community.

Bobby Keen Healthy Community Award- Named in honor of the former HRH President & CEO, this award recognizes a hospital program or local organization that has made a significant and positive impact on the health and wellness of our community.

Selection – The Foundation's Awards & Scholarships Committee will receive nominations and annually select at least one recipient to receive each award.

Attached you will find a nomination form. Please feel free to contact me with any questions or concerns at 317-468-4106 or email asmith@hancockregional.org.

Nominations are due by Friday, November 1st.

Please mail the nomination form to:

Hancock Health Foundation
801 N. State Street
Greenfield, IN 46140

You may also email the form to asmith@hancockregional.org.

Healthy Community Award Nomination Form

The Hancock Health Foundation is currently accepting nominations for the Bobby Keen Healthy Community Award and the Bert Curry Healthy Community Award. The award is presented annually to a local organization and an individual, respectively, for their exemplary and innovative service effort to create positive change in the health and wellness of our community. If you would like to nominate an organization or individual for consideration, please submit the following nomination form. *Nominations are due by November 1st.*

I/We nominate _____ for the
(name of individual or organization)

Bert Curry Healthy Community Award Bobby Keen Healthy Community Award

(circle one)

Use the space below, and additional pages if needed, to provide information about the nominee and details about their work to make a difference in the health and wellness of our community.

Your Name:

Address:

Phone Number(s)

Email

Please submit form to:
Hancock Health Foundation
801 North State Street
Greenfield, IN 46140