1. **NAME OF NOMINEE**  ___________________________________________________________________
   
   **Title**  _____________________________________________________________________________
   
   **Organization**  _______________________________________________________________________

2. **NOMINATED BY:**  ____________________________________________________________________
   
   **Organization**  _______________________________________________________________________
   
   **Contact Information:** _________________________________________________________________

3. Please be specific as to why you believe this person should be considered for the Martin Award (use additional pages if needed). Candidates will be ranked on their: (1) life-long contribution to rural health in Kentucky (2) played key role in developing or implementing innovative solutions to problems & challenges for rural Kentuckians either statewide, region, county or community (3) profession is in area of direct patient care, health education, health administration, health promotion or public advocacy and (4) member of KRHA.

---

*Please return this form to Linda M. Asher at the UK Office of Rural and Community Health, K320 Kentucky Clinic, Lexington, KY 40536-0284; fax (859)323-1043 or e-mail lmashe2@uky.edu no later than Thursday, August 20*.\textsuperscript{th}.*