

# Karen Feroli Community Champion Award



## I. Introduction

The Partnership recognizes the value of collaboration - the “get it done together” approach which is used with success in our community of Carroll County, Maryland. Each Health Improvement Area is guided by a Leadership Team composed of well informed, passionate experts and advocates. Leadership Teams establish and guide Action Teams to implement strategies designed to move our community’s health indicators forward.

And yet, success is often accomplished because one individual is willing to seize the moment; is outstanding within or beyond our structures; is the one person who makes the difference. Our community is rich in these uniquely willing and able individuals, who we know as Champions.

The late Karen Kappes Feroli, R.N., was one such Champion. She gave selflessly in her personal and professional activities, serving as mentor and model to those working to improve health and quality of life this community. The Karen Feroli Community Champion Award was established to honor and perpetuate the spirit of caring that was her hallmark.

With this Award we recognize an outstanding individual who has worked with leadership, vision, and decisive action to improve health in our community.

## II. Nomination Directions

Please read the entire nomination form carefully and fill out all areas completely. The application is to be completed and submitted by a primary nominator. Two additional supporting nominators may sign the nomination. Nominators can be co-workers, friends, or family members of the nominee, and may choose to remain anonymous. Attach pages or use the back if more space is needed.

Additional supporting comments and materials are welcomed. Physical materials such as videos, newspaper clippings, photographs, or brochures submitted with the nomination form cannot be returned. Please submit only digital copies or photocopies of materials that you wish to keep.

**Nominations must be received by deadline provided** to be considered for an award presented at this year’s community health forum.

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## III. Please provide following information ABOUT THE NOMINEE.

Name: \_\_\_\_\_

Nominee’s agency / Organizational affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

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## IV. This award recognizes an individual based on the following CHAMPION QUALITIES:

**Commitment**.....Is recognized by consistent work to improve the health of the community

**Health**.....Accomplishments focus on a specific health improvement area

**Advocacy**..... Speaks up to encourage improvements in health

**Motivator**.....Demonstrates an ability to inspire and guide individuals in a cohesive effort

**Partners**.....Recruits others to ensure success of an improvement initiative

**Innovation**.....Displays originality in strategies – an out-of-the-box thinker

**Outcomes**.....Achieves clear results

**Noteworthy**.....Outstanding level of effort on behalf of our community

## V. Please describe the contributions the nominee has made to improve health in the Carroll County community (300 word limit – attach additional pages if needed):

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## VI. Please complete this section about the PRIMARY NOMINATOR.

Nominator's name: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Organizational affiliation: \_\_\_\_\_

Relationship to the nominee: \_\_\_\_\_

Signature: \_\_\_\_\_

I wish to remain anonymous:     yes     no

### Supporting nominators (not required):

Supporting nominator's name: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Organizational affiliation: \_\_\_\_\_

Relationship to the nominee: \_\_\_\_\_

Signature: \_\_\_\_\_

I wish to remain anonymous:     yes     no

Supporting nominator's name: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Organizational affiliation: \_\_\_\_\_

Relationship to the nominee: \_\_\_\_\_

Signature: \_\_\_\_\_

I wish to remain anonymous:     yes     no

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**VI. Please attach any supporting documentation or comments on a separate sheet.**

**THANK YOU for taking the time to nominate a community member for this award.**

Please FAX the completed nomination form and supporting materials to The Partnership at **410-871-6325**, or SCAN AND EMAIL to **[ThePartnership@HealthyCarroll.org](mailto:ThePartnership@HealthyCarroll.org)**, or MAIL TO:

**Karen Feroli Community Champion Award**  
The Partnership for a Healthier Carroll County, Inc.  
295 Stoner Avenue, Suite 306  
Westminster, MD 21157

For an electronic version of this application, please visit our website at [HealthyCarroll.org](http://HealthyCarroll.org).

For more information, please contact [ThePartnership@HealthyCarroll.org](mailto:ThePartnership@HealthyCarroll.org) or 410-871-7645.

## TO BE COMPLETED BY PARTNERSHIP STAFF

Date received: \_\_\_\_\_

By: \_\_\_\_\_

Meets eligibility criteria: \_\_\_\_\_

Entered in database: \_\_\_\_\_