

MINORITY ACCESS, INC.

11th National Role Models Conference

ONE OF THE MOST PRESTIGIOUS CONFERENCES OF ITS KIND

September 10-12, 2010
Encore at the Wynn Las Vegas

ROLE MODELS NOMINATION FORM

(Feel free to make additional copies of this form as needed. Please provide one form per nominee.)

Please indicate the type of role model you would like to nominate by checking the appropriate box.

TYPES OF ROLE MODELS

- Student**
Community college, undergraduate or graduate student from an underrepresented category who has maintained an outstanding academic record and has successfully completed a major research project.
- Faculty/Administrator**
Professor or administrator who has contributed to increasing the pool of underrepresented biomedical or other scientific researchers through teaching, mentoring and/or supporting underrepresented students.
(OR)
Professor or administrator who has played a significant role in the fight to eliminate health disparities by conducting major research and elevating the issue as a research priority at his or her institution.
- Recruiter**
Individual who has successfully identified, recruited, encouraged and assisted qualified underrepresented students to apply to college, graduate or professional school.
- Alumna/Alumnus**
Graduate who has excelled in any field and can be held up as a role model for underrepresented students.
- Researcher (Non-Faculty)**
Researcher who has distinguished himself or herself in the field by making significant contributions to the field of biomedical or scientific research.
- Institution**
Degree granting institution, including community college, that has successfully recruited, retained and produced underrepresented biomedical or other scientific researchers.

Awards Will Be Presented at the Eleventh National Role Models Conference September 10-12 2010

NOTE: Previous Minority Access Role Model Award Recipients May Not Be Nominated

Nominee _____
Last *First* *M.I.*

Degree _____

Title or Position _____

Name of Institution _____

Address _____
Street *City* *State* *Zip*

Phone (____) _____ Fax (____) _____

E-mail Address _____

