Westchester County Board of Health

Dr. Harold Keltz Distinguished Public Health Service Award

2025 NOMINATION FORM

Nominee is a volunteer or organization

Westchester County Board of Health

Cqh4@WestchesterCountyNY.gov Subject Line: 2025 Nomination

to public health in Westchester

January 9, 2025

Public Health Awards C/o Caren Halbfinger

Nominees must live or work in Westchester County

whose efforts have made an extraordinary contribution

ELIGIBILITY:

FILING DEADLINE:

EMAIL OR SEND TO:

CRITERIA:

Nominee's name; if nominee is an organization, please also provide name of contact person		Title
Address		
Email		Phone
Funding Source		Partner Agencies
		l attachments to describe the health in Westchester. Attach
multimedia examples and w	obolio illino do liloudodi	
3. PERSON MAKING THE NON		
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PUBLIC HEALTH CONTRIBUTIONS OF NOMINEE : Include details on the length and breadth of the individual or organization's commitment to this effort. Attach pages, multimedia materials/links/photos as needed.		

PUBLIC HEALTH CONTRIBUTIONS OF NOMINEE:		



NAME:	
ADDRESS:	
PHONE:	
In exchange for the opportunity to participate in a Coureceipt of which opportunity shall be sufficient conside	
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I warrant that I am at least 18 years of age and that I hauthority to enter into this consent and release. I unde consent and release but am doing so freely and willing my participation in the Project, does not obligate the C in this document. I have read and understand all of the	rstand that I am under no obligation to provide this gly. I understand that this consent and release, and county to make any use of any of the rights set forth
Signature	Date
Michaelian Office Building White Plains, N.Y. 10601	(914) 995-2930 email cap3@westchestercountyny.gov