**2021**

**Ray Avant Excellence in Prevention Award**

In recognition of accomplishments to the field of prevention in Georgia, the Georgia School of Addiction Studies will present the Ray Avant Excellence in Prevention Award.

The award will be presented at the 2021 Georgia School of Addiction Studies, afternoon awards luncheon on Wednesday, September 1, 2021 at the Hyatt Regency in Savannah, Georgia.

Nominations may be made by completing this form. Nomination form(s) must be received by the Office of Behavioral Health Prevention no later than **close of business July 26, 2021**.

Nomination form(s) must be sent to the attention of Chris Wood at [prevention@thegeorgiaschool.org](mailto:prevention@thegeorgiaschool.org)

**Nominee Criteria**

* Nominee should be active in the prevention field in the state of Georgia (Not limited to substance abuse).
* The award will be based on the nominee’s accomplishments during the past year and general accomplishments in prevention over their lifetime.
* The winner will be notified prior to the luncheon and is required to attend to receive the award.
* Winner will receive a scholarship (registration and hotel) to attend next year’s Georgia School of Addiction Studies.

**Application Instructions/Criteria**

* Complete the following 2 page form and email it in by July 26, 2021.
* Responses should not exceed 2 pages.
* Use 12 point font only (preferably Arial or Times New Roman).
* Single or double spaced acceptable with 1 inch margins.
* No attachments accepted.
* You will receive a reply/notification upon our receipt of the Nomination Form.

**2021**

**Ray Avant Excellence in Prevention Award**

**Nominee Form**

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Name of Nominee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Employer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Employer Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address (if known) City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address Work Phone Home Phone (if known)

1. **Brief biography**/background of nominee:
2. List nominee’s **Accomplishments/Contributions in the Past Year** to the prevention field. (Include a description of the types of prevention activities, the continuity of the activities (i.e. is this a one time activity or ongoing), number of populations reached, materials developed, innovations, outcomes, collaborations, and impact on the community):
3. List of nominee’s **Other Accomplishments/Contributions over their Lifetime** in the prevention field. (Can include their development and implementation of prevention programs/services, a description of their contributions to prevention advocacy, collaboration, professional development, number of populations reached, and service on boards, committees, or coalitions):
4. A summary statement of **why this person should receive the award**.
5. Nominee’s approximate length of time in prevention field: \_\_\_\_\_ years.
6. Is the nominee available on 9/1/21 to receive this award? 

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

Your Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan to attend the awards luncheon on 9/1/21? 

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**Application must be received no later than COB July 26, 2021**