



# Georgia Lions Lighthouse Foundation

Better Vision. Better Hearing. Better Georgia.

## **2017 Beacon of Hope Award**

The *Beacon of Hope Award* honors an ophthalmologist who demonstrates an outstanding commitment to vision healthcare to the uninsured in his or her community.

The award is open to all ophthalmologists in Georgia, regardless of partnership with the Georgia Lions Lighthouse Foundation.

### **The Beacon of Hope Award is judged on the following criteria:**

- Commitment to providing vision services to Georgians in financial need.
- Willingness to partner with nonprofit organizations to provide care.
- Compassionate outreach to underserved populations
- Service to communities abroad via medical missions

### **Award Details:**

Winners will be chosen by a panel of vision care advocates.

The Lighthouse will provide award and collect applications.

### **Submit all application materials and inquiries to:**

Ruthy Stephens

Community Engagement Coordinator

Email: [rstephens@lionslighthouse.org](mailto:rstephens@lionslighthouse.org)

Phone: 404-325-1751 DIRECT

5582 Peachtree Road, Chamblee GA 30341

# 2017 Beacon of Hope Award Nomination Form

*Sponsored by the Georgia Lions Lighthouse Foundation*

The **Beacon of Hope Award** is open to all ophthalmologists in Georgia, regardless of membership in the Georgia Society of Ophthalmology or partnership with The Lighthouse. The **Beacon of Hope Award** honors an ophthalmologist who provides an outstanding commitment to vision healthcare to the uninsured in his or her community.

Beyond the recognition associated with the award itself, the recipient will have a press release written about their good work sent to their local newspaper, and a personalized lead crystal bowl.

Nominations may be submitted by Georgia Lions, GSO members, ophthalmologists, charitable clinics, or any other member of the community. Applications will be evaluated by a panel based on the following criteria:

- Commitment to providing vision services to Georgians in financial need
- Willingness to partner with nonprofit organizations to provide comprehensive care
- Compassionate outreach to underserved populations
- Service to communities abroad via medical missions

## Dates of importance:

- Friday, August 4<sup>th</sup> – All completed applications and supporting materials due by 5:00pm
- Friday, August 18<sup>th</sup> – Notification sent via United States Postal Service
- Award presentation – awards will be presented at our fall fundraiser or based on recipients availability

## I. Nominee

Name: _____	Practice: _____
Home Address: _____	Office Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone: _____	Office Phone: _____

## II. Nomination

Self-nomination (same as above)                       Third-party Nomination (complete below)

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

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

Phone: \_\_\_\_\_

## III. Biographical Information

*The recipient's biographical information will be highlighted in the award presentation, not used as part of selection criteria. Specifics preferred.*

Family: \_\_\_\_\_

\_\_\_\_\_

Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## IV. Educational Information

*Please list all secondary educational institutions attended, including degree awarded and any honors received.*

Undergraduate:

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Graduate:

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Other:

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## V. Professional History

*Please list professional history of nominee.*

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## VI. Previous Awards

*Please list any awards received by the nominee in the past.*

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## VII. Personal Statement

*Attach a personal statement describing how the nominee demonstrates an “outstanding commitment to vision healthcare to the under or uninsured in his or her community.” Please limit responses to 1,000 words.*

## VIII. Submission

Please complete this application in its entirety and enclose the following:

- Personal Statement (Section VII)
- Up to four supporting documents (letters of appreciation from clients, newspaper articles, letters of recommendation, et cetera)
- Up to two photographs

**Submit all materials to:**

**Ruthy Stephens**

[rstephens@lionslighthouse.org](mailto:rstephens@lionslighthouse.org) | 770.325.1751 (direct)

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Phone: 404.325.3630 | Fax: 404.636.5549