



American Horticultural Therapy Association®

Alice Burlingame Humanitarian Award Application

Given to an organization or individual who has given freely of their time, talent, and energy with special significance for horticultural therapy on a local, state, or national level. Outstanding voluntary contribution to an organization or program need not necessarily be made in the year in which the nomination is made.

Nominator Information

Name _____

Address _____

City _____ State _____ Zip _____

Primary Contact Phone Number _____

Primary E-mail _____

Are you an AHTA Member? Yes _____ No _____

Are you Professionally Registered? Yes _____ No _____

Nominee Information

Name _____

Address _____

City _____ State _____ Zip _____

Primary Contact Phone Number _____

Primary Email _____

Is the Nominee an AHTA Member? Yes _____ No _____

If yes, is the Nominee professionally registered? Yes _____ (HTA __ HTR __ HTM __) No _____

1. Describe the educational background of the individual or a program description of the organization.

2. Explain how the nominee has significantly involved others in horticultural therapy within the workplace and everyday life. _____

3. List the active involvement with horticultural therapy programs in the community. _____

4. Related to promoting horticultural therapy within the community, list the nominee's public speaking, publications of article(s), or other special events. _____

5. Describe how the nominee's volunteer work promotes horticultural therapy within the community. _

6. Explain how the nominee has assisted in the furtherance of the goals and objectives of AHTA through their service. _____

7. As the nominator, please explain why you think this individual/organization should receive this award. _____
