

# Hedley S. Dimock Award Nomination

(MUST BE COMPLETE TO BE CONSIDERED)

**Purpose:** The Hedley S. Dimock Award is given to persons who have made significant contributions to camping through related fields. It is presented at the national conference.

**Eligibility:** To **qualify** for nomination, a candidate must:

1. offer significant contributions to camping through related fields such as outdoor education, conservation, recreation, medicine, education, architecture, or the social sciences. Contributions or relationships that are administrative, legislative, professional, or specific participation in local, state, or national program development.

Membership in ACA is not a requirement.

**Number of Awards:** No more than two.

Nominations are due by October 12th. Mail to:

Awards Committee Chair  
American Camp Association  
5000 State Road 67 North  
Martinsville, IN 46151-7902  
765-342-8456 fax 765-342-2065  
e-mail [aca@ACAcamps.org](mailto:aca@ACAcamps.org)

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Age  20-30  30-40  40-50  50-60  60 and older  ACA member  Retired ACA member

Years of ACA membership  0-5  5-10  10-15  15 and more

Present affiliation \_\_\_\_\_

Previous affiliations \_\_\_\_\_

Professional achievements (recognitions, research, teaching, administration, writing, lecturing, educational background) \_\_\_\_\_

Outstanding contributions to the advancement of camping (outdoor education, conservation, recreation, medicine, architecture, or social science) \_\_\_\_\_

ACA responsibilities and achievements (administrative, legislative, professional, program development)

Section \_\_\_\_\_

Regional \_\_\_\_\_

National \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Further comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief statement as to why this candidate should receive an award \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominated by: Name \_\_\_\_\_  
Section \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_