



IDHA A. REBEKAH FISK AWARD

Due no later than March 1 to indhacentraloff@gmail.com

Student Name: _____

Student is in the last year of his/her program: Yes _____ No _____

Student is a Student Member of ADHA: Yes _____ No _____

*Please verify with ADHA Member Services at (312) 440-8900 before
submitting the student name.*

Awards Ceremony Date: _____

Program Director Name: _____

Email: _____

Phone: _____

Student Advisor Name: _____

Email: _____

IDHA Awards Committee—Please verify following information:

Student Name: _____

School Name: _____

Student is a Student Member of ADHA: Yes_____ No_____

Contacted ADHA Member Services at (312) 440-8900: Yes_____ No_____