



American Horticultural Therapy Association®

John Walker Community Service Award Application

Given in recognition of distinguished leadership and significant contribution in horticultural therapy in the area of program services rendered to a community.

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. Have any materials been published to show an impact on the community? Yes ___ No ___

If yes, please list: _____

2. What innovative ideas and new techniques were used for delivering services and how effective were they? _____

3. How was horticultural therapy implemented for the client and how was progress measured?

4. Can this program be used as a model so other groups can benefit? Yes ___ No ___

5. What methods were used to evaluate the progress of the program? _____

