



Red Tie Ball Congenital Heart Defect Champion Award Criteria

The Congenital Heart Defect Champion Award recognizes significant contributions to the Illinois congenital heart defect (CHD) community by an individual. The individual may be a medical/health care professional, an advocate, or a volunteer. To nominate an individual for this award, please complete the attached form and submit the items outlined in the nomination packet below.

Nomination deadline to be considered for the 2025 CHD Champion Award is August 1st. This will be awarded at The Children's Heart Foundation's 11th annual Red Tie Ball on **December 13th, 2025.*

Congenital Heart Defect Champion Award Criteria

To be considered for this award, the nominee must have demonstrated a sustained contribution and commitment to the ***Illinois CHD community*** in a minimum of one of the following areas:

- **Patient care and/or Treatment** – Nominee has demonstrated a significant commitment to the Illinois CHD community via professional service in the medical or health care settings. Nominee has gone above and beyond the typical expression of his/her professional role, enhancing the quality of life of CHD children and/or their families. Nominee should also have distinguished his/herself through leadership and/or personal dedication.
- **Research and Innovation** – Nominee has devoted much of his/her professional life to CHD research as an investigator (either primary or collaborative). Nominee's research has had a broad impact on the medical care of individuals with congenital heart disease, ideally children with CHD.
- **Advocacy and Volunteerism** – Nominee has provided outstanding support and/or resources for CHD patients and families in the forms of programs, legislative/regulatory advocacy, scholarships and/or fundraising. Nominee has served the CHD community with excellence; volunteering their own time and/or organizing others to volunteer in ways that honor and support CHD families, projects and/or charitable organizations.



Nominator Information

Name _____

Title _____

Relationship to Nominee _____

Address _____

Phone numbers _____

Email address _____

Nominee Information

Name _____

Title _____

Address _____

Phone numbers _____

Email address _____

Each nomination packet should include:

- Letter of nomination (Please describe in detail how this nominee meets the criteria)
- Supporting letters (from colleagues, professionals, patients or families) (OPTIONAL- while these items are optional, they are often submitted by nominators and they enable the voting committee to make a more informed decision).
- Send nomination to: chfil@childrensheartfoundation.org by **August 1st, 2025.**