



**FOR SANOFI USE**

Application I.D. #

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Type or write all information and return completed application to [TorchAwards@sanofi.com](mailto:TorchAwards@sanofi.com)

**2025 Cycle Application Postmark Deadline: April 11, 2025**

### Nominator Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 14 or older as of 4/4/25? \_ Y \_ N Are you a US resident? \_ Y \_ N Are you a Sanofi employee? \_ Y \_ N

**Signature:** \_\_\_\_\_

### Nominee Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Age by 4/4/25: (any age eligible) \_\_\_\_\_

Nominating them for their work on health equity? Y N

For which rare condition are they an advocate? *Please see table in guidelines.* \_\_\_\_\_

Is this person a:

rare patient	physician / health care provider
family member of a rare patient	employee of a patient advocacy group
friend of a rare patient or family	Other: _____

### Nomination Information

Please include as an attachment to this application an essay or letter which covers the topics below. You can also include other information that you think is important for the committee to consider.

- How has the nominee raised awareness for this rare condition?
- What impact has come from the efforts of the nominee?
- What do you think motivates the nominee to advocate for this rare condition?
- Why do you think the nominee deserves to be recognized with a TORCH award?

### Submission Information

**Please return both this application and essay/letter by email to [TorchAwards@Sanofi.com](mailto:TorchAwards@Sanofi.com) on or before the program due date of April 11, 2025.**