



**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)

**2023 Cycle Application Postmark Deadline: May 12, 2023**

### Nominator Information

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

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

Are you 14 or older as of 4/3/23?  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: \_\_\_\_\_

Age by April 3, 2023 (*any age eligible*) \_\_\_\_\_ Nominating them for their work on health equity?  Y  N

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

Is this person a:

<input type="checkbox"/> rare disease patient	<input type="checkbox"/> physician / health care provider
<input type="checkbox"/> family member of a rare disease patient	<input type="checkbox"/> employee of a patient advocacy group
<input type="checkbox"/> friend of a rare disease patient or family	<input type="checkbox"/> 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 disease?
- What impact has come from the efforts of the nominee?
- What do you think motivates the nominee to advocate for this rare disease?
- 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 May 12, 2023.**