



"CON ORGULLO EN NUESTRA HISPANIDAD"
WITH PRIDE IN OUR HISPANIC HERITAGE

Appendix G-2 NATIONAL AWARDS PROGRAM NOMINATION FORM

(NOTE: Form may be reproduced or retyped as needed. If retyped, do not omit any of the required information.)

I. Nominee.

Name: _____

(If nominee is an individual, indicate Mr. or Ms. If nominee is a group, indicate full name of group and contact person.)

Title: _____

Area Code and Phone Number _____

Mailing Address: _____

City/State/Zip: _____

II. Category (Please check one category per nomination).

- | | |
|---|--|
| <input type="checkbox"/> Member of the Year | <input type="checkbox"/> Executive of the Year |
| <input type="checkbox"/> Chapter of the Year | <input type="checkbox"/> Thank you Award |
| <input type="checkbox"/> Non-Member of the Year | |
| <input type="checkbox"/> Manager of the Year | |

III. Proposed Citation. (A one-sentence statement describing why the individual or group is being nominated. This statement will be used in the presentation of the award and for publication in La FAamilia.)

IV. Justification for Award. (Include supporting documentation, i.e., specific information about contributions, achievements, programs implemented, etc.).

V. Nominator.

Name: _____

Area Code and Phone Number _____

Mailing Address: _____

City/State/Zip: _____

Signature of Nominator: _____ Date: _____