



GOVERNOR'S VICTIM SERVICE PATHFINDER AWARDS



NOMINATION FORM

(Please type or print legibly-May be reproduced as needed)

Individual or Program Nominee's Name: _____

Home Address: _____

Telephone Number: () _____ E-mail address: _____

Fax Number: () _____

Program Affiliation (if applicable): _____

Program Director or Authorized Signature (if applicable): _____

1. Please check the award category for the individual or program being nominated. (NOTE: Nominee can only be nominated in one category)

Individual Awards:

- Survivor Activist
- Outstanding Student Activist
- Allied Professional
- Individual Direct Service
- Prevention Education and Outreach
- Organizational Capacity Building
- Community Service

Posthumous Awards:

- Survivor Activist
- Outstanding Student Activist
- Allied Professional
- Individual Direct Service
- Prevention Education and Outreach
- Organizational Capacity Building
- Community Service

Program Awards:

- Program Award

2. Please attach to this form a narrative that must be typed or computer generated, double-spaced, no smaller than 12-point type, no less than 2 pages in length and based on the criteria and eligibility listed for the relevant award category.

For complete instructions and guidelines on submitting nominations please refer to the section entitled "Nomination Packet Requirements"

NOMINATOR

Name: _____ Title: _____

Agency: _____

Address: _____

Telephone Number: () _____ E-mail address: _____

Fax Number: () _____

Relationship to the Nominee: _____

Signature: _____ Date: _____

Nominations must meet ALL the requirements outlined or it will NOT be considered.