

Nomination Form



Rosemary Berkel Crisp Award

Please complete this form and attach:

- Your letter of nomination explaining why this candidate should be selected along with a list of the nominees activities, organizations, or projects
- At least two (2) additional letters of support
- Pertinent documentation or supporting evidence

Please address the following points:

- Volunteer activities
- Character
- Impact of these efforts: How does it affect the community?
- Please do not include any activities that are part of the nominee's job duties.
- Applications are "blinded" and nominee's name is blacked out.

Please use "she" and "her" instead of the nominee's name.

Deadline for submission: July 30, 2010.

Name of Nominee: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: H: _____ W: _____ Fax: _____

Name of Nominator: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: H: _____ W: _____ Fax: _____

E-mail Address: _____

Relationship to Nominee: _____

Submit complete nomination to:
Women for Health and Wellness, Inc.
c/o John A. Logan College, 700 Logan College Rd., Carterville, IL 62918