

DR. HECTOR P. GARCIA AWARD

NOMINATION FORM

(See complete instructions on other pages)

I. Nominee: (Please print or type)

NAME:	AREA CODE & TELEPHONE:		
STREET ADDRESS:	CITY:	STATE:	ZIP

II. Nominator:

NAME:	AREA CODE & TELEPHONE:		
STREET ADDRESS:	CITY:	STATE:	ZIP:

III. Verification:

List the names and addresses of three persons or organizations familiar with the accomplishments of the nominee, not including the candidate, or relatives. These references will be contacted to verify the scope and extent of the nominee's activities. All nominees MUST have three references.

1. NAME:	AREA CODE & TELEPHONE: HOME		
DAYTIME PHONE:			
STREET:	CITY:	STATE:	ZIP:
2. NAME:	AREA CODE & TELEPHONE: HOME		
DAYTIME PHONE:			
STREET:	CITY:	STATE:	ZIP:
3. NAME:	AREA CODE & TELEPHONE: HOME		
DAYTIME PHONE:			
STREET:	CITY:	STATE:	ZIP:

IV. Testimonial

Attach a page with a statement of no more than 1,000 words, which describes the volunteer activities of the individual being nominated. PLEASE READ CAREFULLY THE CRITERIA FOR SELECTION ON PAGE 2 BEFORE COMPLETING THIS STATEMENT. Emphasize projects initiated by nominee and the outcome. Supporting documentation may be attached. Keep in mind that materials will be photocopied for committee review.