

ADULT NOMINATION FORM * (this form may be reproduced)

Nominator's Information

***Please include five stapled photocopies of your form and recommendation for our judging committee (in addition to the original).**

****If you are submitting your application via email to nominations@tobaccofreekids.org you do NOT have to mail in five copies.**

1 Name

Organization

Street Address

City

State

Zip

Phone Number

Fax

E-mail

Name of Youth Nominee (if group nominee, list name of group and selected youth representative)

2 Indicate Nominee's Region

(Please also indicate nominee's region beneath your return address on envelope.)

___ **East:** CT, DC, DE, IN, MA, MD, ME, MI, NH, NJ, NY, OH, PA, RI, VT

___ **South:** AL, AR, FL, GA, KY, LA, MS, NC, Puerto Rico, SC, TN, US Virgin Islands, VA, WV

___ **Central:** CO, IA, IL, KS, MN, MO, MT, ND, NE, OK, SD, TX, WI, WY

___ **West:** AK, American Samoa, AZ, CA, Guam, HI, ID, NM, NV, OR, UT, WA

3 In 250 words or less, please explain why you believe the nominee should receive a Youth Advocate of the Year Award (*please attach a typewritten recommendation*).

4 Please rate the Candidate from one (below average) to ten (outstanding) on the following characteristics. Please base these ratings on any situation in which you've seen the candidate participate.

Advocacy Experience

1 2 3 4 5 6 7 8 9 10
(below average outstanding)

Initiative

1 2 3 4 5 6 7 8 9 10
(below average outstanding)

Leadership - ability to mobilize peers

1 2 3 4 5 6 7 8 9 10
(below average outstanding)

Creative thinking

1 2 3 4 5 6 7 8 9 10
(below average outstanding)

Problem solving

1 2 3 4 5 6 7 8 9 10
(below average outstanding)

Ability to communicate effectively

1 2 3 4 5 6 7 8 9 10
(below average outstanding)

**Nominators may submit no more than two entries.*