

**SAMPLE NOMINATION FORMAT**

**ST. JOSEPH COUNTY ROAD COMMISSION (SJCRC)  
RECOGNITION AWARD PROGRAM NOMINEE**

Date: \_\_\_\_\_

I \_\_\_\_\_ nominate \_\_\_\_\_ as a 20\_\_\_\_  
SJCRC Recognition Award Recipient

**2. Complete contact information of member nominated:**

a. Name: (last, first, middle Initial) \_\_\_\_\_

b. Present occupation and position \_\_\_\_\_

c. Address: Work \_\_\_\_\_

\_\_\_\_\_

Home \_\_\_\_\_

\_\_\_\_\_

e. Telephone: Work \_\_\_\_\_ Home/Cell: \_\_\_\_\_

f. E-mail Address: \_\_\_\_\_

3. If previously selected list year: \_\_\_\_\_

4. Justification of nomination: List reasons and qualifications on separate typewritten pages.

a. Scope and impact of action leading to nomination.

b. Institutional and technical expertise.

c. Special qualifications.

d. History of individual accomplishments related to SJCRC.

f. Education and professional history.