



# Nomination Form

Name of person being nominated \_\_\_\_\_  Male  
 Female

Address of Nominee: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (        ) \_\_\_\_\_

Place of Employment for Nominee: (if known) \_\_\_\_\_

How do you know this person? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Ages of nominee's children (if known) \_\_\_\_\_

Area of Community Service: please include mention of involvement in child-related initiatives.

Comments: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Return to: Scott County Community Empowerment Area  
600 W. Fourth Street 6<sup>th</sup> Floor  
Davenport, Iowa 52801 -1030