

Laura Bird Memorial Beacon of Hope Award Nomination Form

Date:

Nominator's Information:	
Name:	
Address:	Postal Code:
Phone Number:	

Nominee's Information:	
Name:	
Address:	
Phone Number:	Postal Code:
Outline Your Relationship to the Nominee and for how long you have known this person:	

Describe how has the nominee endeavored not to bring honor to oneself but to others:

Describe how the nominee has been self-sacrificing through Christian service, and has prolonged this dedication through time:

Describe how the nominee has accepted demanding challenges and set new standards for others affiliated with the District to follow:

Other information that you would want to share about the nominee: