

**PCANC Leadership Award
NOMINATION FORM**
Submit to <mailto:summit@precentchildabusenc.org>
No later than February 17, 2023

Section I: Award Information: Which award is this application for?

- Donna Stone Award
 Parent Leadership Award

Section II: Nominee Information

The nominee may be an individual, agency, organization, or program.

- This is an individual nominee
 This is an agency, organization or program nominee
- If the nominee is an individual, please provide their title and affiliated organization (if appropriate).
 - If the nominee is a agency or program, please provide the name and title of the director.

First Name Last Name Credentials

Job Title or Position (if applicable)

Agency or Affiliated Organization

Agency Mailing Address

Agency City State Agency Zip Code

Home Address

Home City State Home Zip Code

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Home Phone Number Work Phone Cell Phone

E-Mail Address Alternate E-Mail Address or Website

Section III: Narrative

- I have attached a description (300 words or less) of the prevention activities of my nominee.
 I have included a headshot photo of my nominee.

Section IV: Letters of Recommendation

- I have included two letters of recommendation.

Letters of recommendation should include the following:

- ✓ A clear, concise description of the prevention efforts, including when and where they began, why they were initiated, the goals, and how they were achieved.
- ✓ A description of how your nominee was involved from the writer's perspective.
- ✓ Information pertaining to how many people have been impacted by your nominee's efforts.

Section V: References

Please include the names of three individuals who know your nominee personally.

First Name	Last Name	Credentials
Job Title or Position (if applicable)		
Agency or Affiliated Organization		
Address		
City	NC State	Zip Code
E-Mail Address	Alternate E-Mail Address or Website	
First Name	Last Name	Credentials
Job Title or Position (if applicable)		
Agency or Affiliated Organization		
Address		
City	NC State	Zip Code
E-Mail Address	Alternate E-Mail Address or Website	
First Name	Last Name	Credentials
Job Title or Position (if applicable)		
Agency or Affiliated Organization		
Address		
City	NC State	Zip Code
E-Mail Address	Alternate E-Mail Address or Website	

Section VI: Nominator

First Name

Last Name

Credentials

Job Title or Position (if applicable)

Agency or Affiliated Organization

Agency Mailing Address

Agency City

NC

State

Agency Zip Code

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Home Phone Number

Work Phone

Cell Phone
