

**NAPA COUNTY HISPANIC NETWORK
 “LIFETIME ACHIEVEMENT” &
 “FRIENDS OF THE NETWORK” AWARDS**

Nomination Form

1. Name of person filling out form: Contact phone number:	
2. Name of individual nominated:	
3. I wish to nominate this person for (check nomination that applies):	
<input type="checkbox"/> <u>Friends of the Network Award</u> - Greatly contributed to helping the Hispanic Network to meet its mission of promoting higher education, building community partnerships, and achieving an equal voice on countywide issues.)	
<input type="checkbox"/> <u>Lifetime Achievement Award</u> – Demonstrated strong community leadership and made significant contributions over at least a 10-year period of time to the Hispanic Network’s mission.	
4. Employer:	4. Occupation:
5. Work Phone Number:	
6. Home address:	7. Business Address:
8. Has individual provided strong community leadership and made significant contributions to the Hispanic Network’s mission over at least a 10-year period of time? ____ If yes, please identify the time period:	
Please attach a summary describing the significant contribution(s) that the individual has made that make him/her worthy of consideration for a Napa County Hispanic Network Friends of the Network Award.	

Please submit your nomination form by **December 15, 2009**.