

Outstanding Contribution to the Field Award
Nomination Application *Indicates required fields

Nominee's Information:

*First Name:

*Last Name:

*Employer:

*Job Title:

*Address 1:

Address 2:

*City:

*State:

*Zip:

*Phone (ex. 406-555-1212):

Extension:

*Email:

** Nominator's Information:

*First Name:

*Last Name:

*Employer:

*Job Title:

*Address 1:

Address 2:

*City:

*State

*Zip:

*Phone (ex 406-555-1212):

Extension:

*Email:

**Nominators must be affiliated with an institutional/organizational member of The Network. See "Guidelines" above for further instructions.

*Please describe how the nominee displays integrity, stature, and strong leadership skills and is highly respected by his/her peers within the AOD profession

*Please describe how the nominee exhibits distinguished achievement within the AOD prevention field (e.g. noteworthy programs/initiatives, awards, publications.)

*Please describe how the nominee is a staunch advocate for campus/community collaboration serving as a catalyst for changing the manner in which institutions of higher education and their communities/systems address alcohol and other drug prevention.

*Please describe how the nominee has made a contribution(s) to the AOD prevention field that moved it in a new direction.

*Please describe how the nominee exhibits qualities and values that are consistent with the mission of The Network