

**OHIO DR. MARTIN LUTHER KING, JR. HOLIDAY COMMISSION
AWARDS NOMINATION FORM**

ELIGIBILITY CRITERIA

The Ohio Dr. Martin Luther King, Jr. Holiday Commission Awards are given annually to persons or organizations whose deeds and actions are consistent with Dr. King's teachings of non-violent social and economic change.

Instructions

Applicants must be Ohio residents. Please complete this nomination form as thoroughly as possible. **Only completed nominations will be considered.** Supporting documentation may be attached to the nomination form. **Applications must be postmarked by *November 6, 2009.***

I. NOMINEE IDENTIFICATION (Please type or print legibly.)

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ ZIP Code: _____ County: _____

Occupation: _____ E-mail: _____

II. AWARD CATEGORY (Please check one box which best relates to the contribution of the nominee. If more than one category is checked, the nomination will be disqualified.)

- | | |
|---|--------------------------|
| 1. Community Building | <input type="checkbox"/> |
| 2. Educational Excellence | <input type="checkbox"/> |
| 3. Social Justice | <input type="checkbox"/> |
| 4. Youth: Capturing the Vision of MLK | <input type="checkbox"/> |
| 5. The Ohio Dr. Martin Luther King, Jr. Governor's Humanitarian Award | <input type="checkbox"/> |
| 6. Cultural Awareness | <input type="checkbox"/> |
| 7. Economic Opportunity | <input type="checkbox"/> |
| 8. Health Equity & Awareness | <input type="checkbox"/> |

III. PERSONAL DATA (Please attach additional sheets if necessary.)

- A. Is the nominee in a paid position to perform the contributions for which you are recognizing?

- B. How long has the nominee served in the capacity indicated by the selected category?

- C. Discuss the type of accomplishments/contributions the nominee has made in the selected category.

- D. Describe the positive impact made in the selected category.

- E. Is there additional information you think judges should know about the nominee?

IV. REFERENCES (Please provide the information requested below for two people who can substantiate the information you have provided about the nominee.)

Name: _____	Name: _____
Address: _____	Address: _____
City/State/ZIP Code: _____	City/State/ZIP Code: _____
Phone (daytime): _____	Phone (daytime): _____
E-mail: _____	E-mail: _____

NOMINATED BY:

Name: _____

Phone (daytime): _____ Phone (evening): _____ E-mail: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Mail to:
Ohio Dr. Martin Luther King, Jr. Holiday Commission
Attn: Bobbi Bell
Ohio Department of Administrative Services
Equal Opportunity Division
30 East Broad Street, 18th Floor
Columbus, Ohio 43215
Telephone (614) 466-8380 Fax (614) 728-5628
Deadline for submission: Postmarked by November 6, 2009
Visit the commission's Web site at www.das.ohio.gov/eod/mlk