

**The Nancy Susan Reynolds Awards
In Recognition of a Special Kind of Leadership**

Nomination Form

Year _____

Name of Nominee _____

Address (Street) _____
(City) _____ (State) _____ (Zip) _____

Nominee's Phone (including area code) (Business) _____ (Home) _____

Nominee's Occupation:

Nominee's Business Address (if applicable): (Organization) _____
(Street) _____
(City) _____ (State) _____ (Zip) _____

Name of Nominator:

Address (Street) _____
(City) _____ (State) _____ (Zip) _____

Nominator's Phone (including area code) (Business) _____ (Home) _____

What is your relationship to the nominee? _____

Category of Nomination (Please check one):

1. ADVOCACY

For advocacy on behalf of people, issues or concerns that otherwise may be without effective voices.

2. RACE RELATIONS

For people who have acted in extraordinary ways to bring about improvements in race relations in a community.

3. PERSONAL SERVICE

For people helping other people.

(It is possible that a nominee may qualify for more than one category. Please select the one you consider most appropriate. The selection committee reserves the right to make its own judgment as to the category to be recognized).

Signature of Nominator _____ Date _____

Reasons for Nomination: Please attach 1-2 pages describing the reasons for nomination, based on categories above and in terms that distinguish the nominee's accomplishments from more traditional public service. You may include supporting information, such as newspaper clippings, if available. **Please do not send photographs, scrapbooks or clippings. Materials will not be returned.**

List three references for nominee:

1. Name of Reference _____

Address: (Street) _____ (City) _____ (State)____ (Zip) _____

Title or Occupation: _____

Capacity in which reference has worked with nominee: _____

Relationship to nominee: _____

2. Name of Reference

Address: (Street) _____ (City) _____ (State)____ (Zip) _____

Title or Occupation: _____

Capacity in which reference has worked with nominee: _____

Relationship to nominee: _____

3. Name of Reference

Address: (Street) _____ (City) _____ (State)____ (Zip) _____

Title or Occupation: _____

Capacity in which reference has worked with nominee: _____

Relationship to nominee: _____

Please mail form to Nancy Susan Reynolds Awards, Z. Smith Reynolds Foundation, 101 Reynolda Village, Winston-Salem, NC 27106-5199.

Deadline for receiving nominations: postmarked by June 1