2012 TONY HILL MEMORIAL AWARD OFFICIAL NOMINATION FORM

I. NOMINEE:						
Name:Please circle: Mr. Miss Ms. Mrs.			(Area Code) Phone Number			
Complete Address	City	County	State	Zip Code		
(Area Code) Fax Number	E-mail		Website			
II. VERIFICATION: In of the scope and the extent of the nactivities for which the nomination	ominee's activities	. References should	ld be persons familia	r with community service		
Name:			(Area Code) Phone	Number		
Title and organization, if applicable			Email			
Complete Address	City	County	State	Zip Code		
Name:			(Area Code) Phone	Number		
Title and organization, if applicable			Email			
Complete Address	City	County	State	Zip Code		
Name:			(Area Code) Phone Number			
Title and organization, if applicable			Email			
Complete Address	City	County	State	Zip Code		
how those activities meet the communication attach no more than four also attach no more than also at	nunity's serious soc nity Needs and Sol additional pages	cial problems. With utions Developmen of letters of refe	in the statement, be s nt; (2) Bridge-Building erence and/or suppo	sure to address each of the g; (3) Innovation. You may rtive materials. For more		
IV. NOMINATOR: Name:						
			(Area Code) Phone Number			
Title and organization, if appropriate			(Area Code) Fax Number			
Complete Address	City	County	State	Zip Code		
E-mail	Si	Signature				
Nominations must be submitted by (specialevents@ucsc.edu), fax (831CA 95060.						