

# BESTOWER FOUNDATION™

*Spend out of what Lord has provided for you seeking His pleasure alone*

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| <b><u>NOMINATION FORM FOR “PATIENT PERSON OF THE YEAR” GRANT</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |              |                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------|--------------------------------|--|
| <b>NOMINEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |              |                                |  |
| <b>First Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |              | <b>Last Name:</b>              |  |
| <b>Phone:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |              | <b>District &amp; Country:</b> |  |
| <b>NOMINATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |              |                                |  |
| <b>First Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |              | <b>Last Name:</b>              |  |
| <b>Phone:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |              | <b>Email:</b>                  |  |
| <b>QUESTIONNAIRE &amp; REFERENCES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |              |                                |  |
| <p><b>A. Please tell us how you know the nominee? Describe at least one incident that motivated you to submit this nomination. Describe reasons why the nominee should receive this grant.</b></p><br><br><br><br><br><br><br><br><br><br>                                                                                                                                                                                                                                                                                                                                                                                       |  |  |              |                                |  |
| <p><b>B. Provide five non-relative references who know the nominee and his family very well.</b></p> <div style="display: flex;"> <div style="flex: 1;">                     1. Name: _____<br/>                     2. Name: _____<br/>                     3. Name: _____<br/>                     4. Name: _____<br/>                     5. Name: _____                 </div> <div style="flex: 1;">                     Phone: _____<br/>                     Phone: _____<br/>                     Phone: _____<br/>                     Phone: _____<br/>                     Phone: _____                 </div> </div> |  |  |              |                                |  |
| <b>SIGNATURE OF THE NOMINATOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |              |                                |  |
| <input checked="" type="checkbox"/> I do hereby certify that above information is correct and true and my nominee is unprivileged.<br><i>NOTE: To sign this form electronically, please type your first name and last name within forward slash (e.g. /ABDUR RAHMAN/, wherein ABDUR is first name and RAHMAN is last name )</i>                                                                                                                                                                                                                                                                                                  |  |  |              |                                |  |
| <b>Signature:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  | <b>Date:</b> |                                |  |