

ILLINOIS STATE CRIME STOPPERS
LOCAL PROGRAM
AWARDS NOMINATION FORM FOR
COORDINATOR OF THE YEAR



Nominee for **Outstanding Coordinator of the Year**

Name _____

Program _____

How long has this person been affiliated with your local program? _____

How has this candidate contributed to the success of your local program?

Will the recipient be attending the state conference? YES _____ NO _____

Program Submitting Nominee _____

Name _____

Street Address (No P.O. Boxes) _____

City, State, Zip _____

Phone _____

Print or Type – Can be on separate sheet of paper
All requested information **MUST** be submitted for consideration.