

**ILLINOIS STATE CRIME STOPPERS  
LOCAL PROGRAM  
AWARDS NOMINATION FORM FOR  
OUTSTANDING BOARD MEMBER  
OR  
CONTRIBUTOR OF THE YEAR**



Nominee for Outstanding \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above criteria will be included in the media release

Media contact for recognizing the nominee in your committee?

Name \_\_\_\_\_

Contact Name (If Available) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Program Submitting Nominee \_\_\_\_\_

Name \_\_\_\_\_

Street Address (No P.O. Boxes) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_