

**ARK Advocates**  
Award Nomination Form  
Mark One Award Category

Please refer to the description of each category located at [www.arkadvocates.org](http://www.arkadvocates.org) on the event page.

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Teacher of the year</b>             | <input type="checkbox"/> <b>Volunteer of the year</b>        |
| <input type="checkbox"/> <b>Advocate of the year</b>            | <input type="checkbox"/> <b>Para-educator of the year</b>    |
| <input type="checkbox"/> <b>Community inclusion</b>             | <input type="checkbox"/> <b>Service provider of the year</b> |
| <input type="checkbox"/> <b>Sibling of the year award</b>       | <input type="checkbox"/> <b>Citizen of the year</b>          |
| <input type="checkbox"/> <b>Distinguished community service</b> | <input type="checkbox"/> <b>Professional of the year</b>     |

Nominee Information

Nominee \_\_\_\_\_ Title \_\_\_\_\_  
Name of Organization \_\_\_\_\_  
Address ( \_\_ Home, \_\_ Work) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (work) \_\_\_\_\_ (home) \_\_\_\_\_  
E-mail \_\_\_\_\_

Sponsor Information

Nominator \_\_\_\_\_  
Relationship to Nominee \_\_\_\_\_  
Name of Organization \_\_\_\_\_  
Address ( \_\_ Home, \_\_ Work) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone (work) \_\_\_\_\_ (home) \_\_\_\_\_  
E-mail \_\_\_\_\_

**Attach supportive materials: Testimonials, letter(s) of support, pictures, etc. Pictures may be used at the Award Banquet in May.**

**Deadline found on website and Facebook page.**

**Submit to:**

ARK Advocates  
PO Box 3024  
Dubuque, IA 52004-3024

**Email to:**

[info@arkadvocates.org](mailto:info@arkadvocates.org)

Questions and concerns leave a message at: 563-556-1785