

TOWN OF ISLIP  
Department of Parks, Recreation & Cultural Affairs  
**2018 HISPANIC HERITAGE CELEBRATION  
AWARD NOMINATION FORM**

Award Category \_\_\_\_\_  
(See Award Category List)

Nominee \_\_\_\_\_

Title/Position \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail \_\_\_\_\_

Nominated By \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address \_\_\_\_\_

**For nominee to be considered, you must submit ONE packet which includes all of the following:**

- 1) A completed Nomination Form**
- 2) A professional/ personal resume of nominee**
- 3) Two (2) letters of recommendation from associates or colleagues**
- 4) A brief personal biography of nominee**

**Nominations can be mailed, e-mailed, or faxed.**

Address: Town of Islip  
Department of Parks, Recreation & Cultural Affairs  
Attention: Maria Figalora  
50 Irish Lane  
East Islip, NY 11730

E-Mail: [specialevents@islipny.gov](mailto:specialevents@islipny.gov)

Fax: 631.224.5316

**Nominations must be received by Friday, August 24, 2018**

For further information please call (631) 595-3500, ext. 1033 or (631) 224-5310

# Town of Islip

Department of Parks, Recreation & Cultural Affairs

## HISPANIC HERITAGE CELEBRATION 2018

Please review the categories listed below and use the enclosed nomination form to submit the name of a person you believe has made an *outstanding contribution in their field*.

<b>CATEGORY</b>	<b>DESCRIPTION</b>
Business	Business Owner
Communications/Media	Radio, Television, Newspaper/Publications, or Graphics
Community Service Volunteer	A volunteer in any community organization (unpaid position)
Community Service Professional	Professional or Paraprofessional (paid position, i.e. Social Worker)
Design	Art, Fashion, Interior, and Landscape Design/Architect
Education	Educator or Administrator in a public or private learning institution
Health Care Provider	Nurse, Pharmacist, Nutritionist, Psychologist, Physical, Occupational or Respiratory Therapist, Midwife or Physician's Assistant
Law	Judiciary, Attorney, or Paralegal
Law Enforcement	Police, Court or Peace Officer
Medicine	Physician, Dentist or Veterinarian
Military	Active/ Retired or Active Reserve Member of the US Armed Forces
Religion	Clergy, Religious Instructor/Administrator or Volunteer
Science	Scientist or any Professional in the field of Science (i.e. Physicist, Chemist, Biochemist, Biologist, Physiologist)
Sports	Athlete, Athletic Director, Coach or Sports Trainer
Technology	Computer Professional, Technician or Support Staff
Visual & Performing Arts	Theater, Dance, Music, Art or Literature (Artist, Sculptor, Vocalist)

# PERSONAL BIO SUMMARY

NOMINEE NAME:

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ADDRESS:

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PHONE NO:

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(H)

(W)

(Cell)

**PERSONAL INFORMATION:** Please provide a brief history of the nominee's place of birth, childhood, current accomplishments, etc. /academic degrees/ fields of study. (Please attach a separate sheet of paper if necessary).

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**FAMILY**

Spouse's Name:

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Children's Names/Ages:

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**EMPLOYMENT (business ownership or corporate affiliations):**

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**Job title/responsibilities:**

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**Other relevant professional experience:**

**COMMUNITY/VOLUNTEER ACTIVITY:**

List any community/civic organizations the nominee has belonged to, including present or past offices held:

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Please list activities the nominee has organized and/or participated in which have helped improve your community: (Please attach a separate sheet of paper if necessary)