

Town of Islip
BLACK HISTORY CELEBRATION 2019
AWARD NOMINATION FORM

Award Category _____
(See List)

Nominee _____

Title/Position _____ Organization _____

Address _____

Phone (Home) _____ (Work) _____ (Cell) _____

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) Personal bio summary of nominee
(See attached or feel free to write your own 2-3 pages)**

Nominations can be mailed, e-mailed or faxed.

Address: Town of Islip
Department of Parks, Recreation & Cultural Affairs
50 Irish Lane
East Islip, NY 11730
E-Mail: specialevents@islipny.gov
Fax: 631.224.5316

Nominations must be received by Wednesday, January 16, 2019.

For further information please call the Department of Parks, Recreation & Cultural Affairs at 631. 224-5310.

Town of Islip

BLACK HISTORY CELEBRATION 2019

Category List

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*.

CATEGORY	DESCRIPTION
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/ Architectural
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

NAME:

ADDRESS:

PHONE NO:

(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).

FAMILY

Spouse's Name:

Children's Names/Ages:

EMPLOYMENT (business ownership or corporate affiliations):

Job title/responsibilities:

Other relevant professional experience:

COMMUNITY/VOLUNTEER ACTIVITY:

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

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)

