



## Nation of Neighbors<sup>SM</sup> Program Nomination Form

Please print • Complete all questions

You must be a Royal Neighbors member to submit a nomination.

Nominee:  Self  Other

Nominee's Name \_\_\_\_\_

Nominee's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Is nominee a Royal Neighbors member?  Yes  No  Don't know

Is nominee currently employed?  Yes  No

Estimated annual family income:  Less than \$25,000  \$25,000-\$35,000  
 \$35,001-\$50,000  \$50,001+  Unknown

**On a separate sheet of paper, answer the following questions. Be as specific as possible. The information you provide may be the only consideration in the selection process if a personal interview is not possible.**

- If selected, what will the nominee do with funds and how will it change her/his life?
- Tell us how nominee helps others by living the neighbor-helping-neighbor philosophy?
- Tell us why nominee should be selected for the Nation of Neighbors Program?

*If nomination is for starting a business, please include a Business Plan.*

**Note:**

Royal Neighbors requests permission to utilize your/nominee's story in order to encourage others to support this program. Nominee must be willing to undergo information verification process.

Please provide contact information of another individual who is familiar with nominee's circumstances:

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**NOMINATOR'S CONTACT INFORMATION IF NOT NOMINATING SELF**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Select your current relationship with Royal Neighbors:  Agent  Employee  Member

Chapter number, if known: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DEADLINE FOR NOMINATIONS: SEPTEMBER 15, 2009 5 p.m. CST**

Mail nomination to Royal Neighbors of America, 230 16<sup>th</sup> Street, Rock Island, IL 61201, or fax to (309) 788-1439