



# Award Nomination Form

Award Title: \_\_\_\_\_

The following nomination is being submitted by: \_\_\_\_\_

Date \_\_\_\_\_

Nominee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

ACA Member (Years of Membership \_\_\_\_\_)  ACA Retired Member  Non ACA Member

Present Affiliation \_\_\_\_\_

Past Affiliation \_\_\_\_\_

Why should this person receive this award? Please include achievements that meet award criteria, ACA New Jersey and/or ACA National involvement, responsibilities or achievements.

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Return to: Mary Ellen Folsom, New Jersey ACA Executive Director, P.O. Box 672, Pittstown, NJ 08867 Fax 908-730-7990 Email: [Executive@ACAcampsnj.org](mailto:Executive@ACAcampsnj.org)