

LAUREATE NOMINATION FORM

Nominator Information

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First Name*		Last Name*			
Email*		Phone*			
Street Address*		Street Address Line 2			
City*	State*	Postal / Zip Code*			
	Nominee	Information			
First Name*		Last Name*			
Email*		Phone*			
Street Address*		Street Address Line 2			
City*	State*	Postal / Zip Code*			



Nominee Submission Details

Number of years of service to the Loudoun County Community:

List of groups and organizations served by the nominee and the capacity in which the nominee served the organization or group:

Description of volunteer service:



Nominee Submission Details

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Description of the manner in which the nominee has served the broader Loudoun County community:

Please submit the completed form, a minimum of one letter and a maximum of three letters of recommendation for the nominee, and a photo of the nominee to **info@loudounlaurels.org**