



LONE STAR AWARD

NOMINATION FORM

RETURN BY August 5, 2009

ASAP - 169 Catalina Ct - Kerrville, TX 78028

Fax: (830) 792-4542 Email: chumphrey@asaptexas.org

Nominated By: _____
(ASAP voting representative)

Member Organization: _____

NOMINEE INFORMATION:

Choose one: _____ Individual _____ Corporation _____ Foundation _____ Government Rep/Publicly
Funded Organization

Name: _____

Contact Name: _____ Title _____
(For foundations/corporations)

Address: _____

Phone: _____ Fax: _____ Email: _____

Please use one word to describe the above named nominee's efforts in the field of addiction, e.g., Leader, Innovator, Advocate, Educator, Organizer. _____

In the following area: *(please check one or more)*

_____ Public Policy and Governance

_____ Science and Research

_____ Public Awareness, Communications and
Education

_____ Community Development & Advocacy

_____ Financial Development & Fundraising

_____ Other (Explain)

RECOMMENDATION: (Please do not exceed two typewritten pages)

1. How long has the nominee been involved with drug and alcohol issues and in what capacities?
2. How did the nominee impact the addiction field and what were the results of their impact?
3. Why do you feel the nominee should receive the Association's Lone Star Award?