



LONE STAR AWARD

NOMINATION FORM

RETURN BY June 27, 2008

ASAP - 169 Catalina Ct - Kerrville, TX 78028

Fax: (830) 792-4542

Nominated By: _____
(ASAP voting representative)

Member Organization: _____

NOMINEE INFORMATION:

Choose one: _____ Individual _____ Corporation _____ Foundation _____ Government/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)*

| | |
|---|--|
| <input type="checkbox"/> Public Policy and Governance | <input type="checkbox"/> Community Development & Advocacy |
| <input type="checkbox"/> Science and Research | <input type="checkbox"/> Financial Development & Fundraising |
| <input type="checkbox"/> Public Awareness, Communications and Education | <input type="checkbox"/> 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?