



Award of Excellence Nomination Form

I nominate the following individual for the 2009 READS Award of Excellence:

Name of Nominee
Position Held
Library Name
Street Address
Phone Number
E-Mail Address

I can be contacted at:

Name of Nominator
Position Held
Library Name
Street Address
Phone Number
E-Mail Address

Why do you feel this individual is a worthy recipient of this award?

Qualifications

Please list the nominee's accomplishments and describe how you feel these accomplishments fulfill the criteria for this award.

How did you hear about the READS Award of Excellence?

Please check all that apply.

Web site

At a READS program or meeting

Newsletter/List-serv announcement

Previously won the READS Award

Know a previous READS Award winner

Other _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that nominee and nominator may be contacted if the Award Selection Committee has questions about this application. I agree to allow READS or NHLA to post any part or all of my application on their respective Web pages for general information and reference uses.

Name (printed)

Signature

Date

How to Submit

The completed nomination form must be postmarked by August 1, 2009. Please send this form to:

READS Award of Excellence (NHLA)

c/o LGC, P.O. Box 617,

Concord, NH 03302-0617

Vanstop: Concord, Local Government Center

For more information about the READS Award of Excellence, please visit <http://www.nhlibrarians.org/reads/award.html>

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