

**COMMUNITY PARTNER OF THE YEAR NOMINATION FORM**

To be considered for this award the nominee may not be a member of Delta Sigma Theta Sorority, Inc., and shall have resided in the Chapter Service area for at least five years. Individuals/agencies may nominate themselves or be nominated by a member of DST.

Name of Nominee

Title/Position: \_\_\_\_\_\_\_

Telephone Number:

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_

\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your submission must clearly address the criteria established below to qualify for the award. Please describe:**

1. How the nominee has contributed selflessly to make a positive impact on Denver Alumnae membership and/or programs?

2. What significant contributions has the nominee made to sustain the collaboration with

Denver Alumnae Chapter?

3. How many hours did they commit and how many people were served?

*Please type why this nominee should be considered for Community Partner of the Year*

*(250 words or less)*

**Submitted by: Phone: E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Completed nomination form must be received on or before April 8, 2017.** Mail nomination form to: Denver Alumnae Chapter, P.O. Box 7432, Denver, CO 80207 or e-mail to [CWDELTA99@hotmail.com.](mailto:CWDELTA99@hotmail.com.%20%20) All submissions are CONFIDENTIAL. For questions, contact Soror Catherine Knox at 303-328-5985. The award will be presented at the Denver Alumnae Chapter, Annual Scholarship Reception Sunday, May 21, 2017.