



NOMINATION APPLICATION

AWARDS CEREMONY: JUNE 17, 2012

DEADLINE TO APPLY: MAY 5, 2012

PLEASE READ THIS CAREFULLY BEFORE COMPLETING APPLICATION

Please read the requirements carefully for each category before you complete the application. Your nominee should meet all of the criteria for the category selected. If not, the application may be rejected or placed in the category the reviewing committee deems appropriate.

All nominees must attend the brunch. The nominator should make certain that the nominee is available and willing to attend the brunch on Father's Day before submitting the nomination. It is also expected that the immediate family of the nominee will attend to celebrate the Father's Day with him.

A table of twelve (12) will be reserved in the name of the nominee. The nominator is expected to invite family, friends, co-workers and community members of the nominee to purchase tickets to the brunch to fill the table.

The nominee will be admitted to the brunch free. All others must pay. You may invite as many people as you like and sell as many tickets as you like. We just encourage you to do your best to fill at least one table. Please go to www.hufawards.com for ticket prices.

OFFICE USE ONLY
Application #: <u> PART 1 </u>
Date Received: <u> </u>
Received by: <u> </u>

OFFICE USE ONLY
Application#: <u> Part 2 </u>
Date Received: <u> </u>
Received by: <u> </u>
Application Status:
Accepted <input type="checkbox"/> Rejected <input type="checkbox"/>

1

Name of Applicant _____

NOMINEE			
Name (<i>Last, First</i>)			Age of Nominee
Address of Nominee			
City	State		Zip
Home Phone		Cell Phone	
Business Phone		Fax	
Email			
Occupation			Length of Years
Employer			
AFFILIATIONS			
Church of Nominee (not required)			
Membership/Organizations of Nominee (use separate page if necessary)			
Community Involvement of Nominee			
Other Awards			
NOMINATOR			
Name (<i>Last, First</i>)			
Address			
City	State		Zip
Telephone		Email	
Relationship to Nominee			
<i>Nominator's Signature</i>			<i>Date</i>

Name of Applicant _____

<i>(First name only)</i>	Age of Nominee:
--------------------------	-----------------

QUALIFYING NOMINATION CATEGORY: (READ QUALIFICATIONS BEFORE SELECTING. (SELECT ONE CATEGORY ONLY) NOMINEE MUST MEET ALL CRITERIA.

Solo Warrior Award
 Fatherhood Forever Award
 Village Dad Award
 Love Cares Award
 Living Legacy Award

STATUS:

Married
 Single Parent
 Divorced
 Village Dad
 Widower
 Primary Custodial Father
 Joint Custodial Father

Number of Children _____	Ages/Sex of Children _____ <input type="checkbox"/> M <input type="checkbox"/> F _____ <input type="checkbox"/> M <input type="checkbox"/> F _____ <input type="checkbox"/> M <input type="checkbox"/> F _____ <input type="checkbox"/> M <input type="checkbox"/> F _____ <input type="checkbox"/> M <input type="checkbox"/> F _____ <input type="checkbox"/> M <input type="checkbox"/> F _____ <input type="checkbox"/> M <input type="checkbox"/> F _____ <input type="checkbox"/> M <input type="checkbox"/> F
--------------------------	---

Number of Grandchildren _____	Ages/Sex of Grandchildren _____ <input type="checkbox"/> M <input type="checkbox"/> F _____ <input type="checkbox"/> M <input type="checkbox"/> F _____ <input type="checkbox"/> M <input type="checkbox"/> F _____ <input type="checkbox"/> M <input type="checkbox"/> F _____ <input type="checkbox"/> M <input type="checkbox"/> F _____ <input type="checkbox"/> M <input type="checkbox"/> F _____ <input type="checkbox"/> M <input type="checkbox"/> F _____ <input type="checkbox"/> M <input type="checkbox"/> F
-------------------------------	--

NOMINATION APPLICATION ESSAY

Name of Nominee: _____

Attach to your application a TYPED ESSAY (STATEMENT) on page Attached, in 300 words or less to tell us about your Nominee. Paint a picture about him, using words. Please emphasize how the nominee is or has been involved in the life/lives of his children or grandchildren. Give us examples of actions and deeds of the father which allows the readers to know his character, his nurturing spirit, and his attributes which correspond to the category description. In other words, why is this Father s special? What distinguishes him? Please EMAIL a digital PHOTO of the NOMINEE ONLY OR MAIL A CLEAR PHOTO IF YOU DO NOT HAVE A DIGITAL PHOTO.(Please put the Nominee’s name on the photo). The photo will not be returned. It will be used for our souvenir journal.

Please mail or fax to Mablean Ephriam Foundation
P.O. Box 39A60 Los Angeles, CA 90039

323 445 6669 Fax 323 664 5325 Email - efromfoundation@aol.com

OFFICAL USE ONLY	<i>Date Processed</i>	<i>Processing Initials</i>	<i>Pending</i>
------------------	-----------------------	----------------------------	----------------

3

Name of Applicant _____

Name of Applicant _____