2020 Nomination Form – Rotary Club of Murray

**Humanitarian Award for Service Above Self**

**Criteria:**

* The nominee must be a resident of Calloway County, Kentucky.
* The nominee must demonstrate exemplary humanitarian service, with an emphasis on personal volunteer efforts and active involvement in helping others.
* The service rendered by the nominee should be on a continuing basis.

**Nominee:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Number/Contact Info\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Biography:**

**Service Activities:**

**Why does this nominee exemplify Service Above Self:**

*Use Back of form, if necessary.*

**Nominator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete this form and return it to Carolyn Todd or Stuart Alexander by June 30th, 2020.**