



## Golden Hand Award Application Form

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person or Organization You Are Nominating: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe in detail what this person has done that has helped enhance the lives of Deaf and Hard of Hearing community: (If you need more space, you may attach additional sheets of paper.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has this person done this? \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_ Years

Was this part of their job? \_\_\_\_\_ YES \_\_\_\_\_ NO

What obstacles did this person overcome? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Signature

Date