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