



# COMITÉ NOVIEMBRE

MES DE LA HERENCIA PUERTORRIQUEÑA – PUERTO RICAN HERITAGE MONTH

## LO MEJOR DE NUESTRA COMUNIDAD AWARD

### NOMINATION FORM

2010

#### **COMITÉ NOVIEMBRE MEMBER ORGANIZATIONS**

INSTITUTE FOR THE PUERTO RICAN/HISPANIC ELDERLY ♦ ASPIRA OF NEW YORK, INC.  
EL CENTRO DE ESTUDIOS PUERTORRIQUEÑOS ♦ EL MUSEO DEL BARRIO  
EUGENIO MARÍA DE HOSTOS COMMUNITY COLLEGE ♦ LATINIOJUSTICE – PRLDEF  
NATIONAL INSTITUTE FOR LATINO POLICY  
NATIONAL CONGRESS FOR PUERTO RICAN RIGHTS – JUSTICE COMMITTEE ♦ PROMESA  
PUERTO RICO FEDERAL AFFAIRS ADMINISTRATION



## COMITÉ NOVIEMBRE

MES DE LA HERENCIA PUERTORRIQUEÑA – PUERTO RICAN HERITAGE MONTH

### LO MEJOR DE NUESTRA COMUNIDAD AWARD NOMINATION CRITERIA

#### PURPOSE

Each year, Comité Noviembre recognizes outstanding individuals who are making a difference in the Puerto Rican community – men and women, who through the conviction of their character devote their talents to empowering others and making a positive impact. The purpose of this award is to acknowledge and pay tribute to exceptional Puerto Ricans who are usually our unsung heroes.

#### ELIGIBILITY

- ❖ Candidate must be Puerto Rican or of Puerto Rican descent.
- ❖ The accomplishments and contributions of the candidate must directly affect the Puerto Rican community.
- ❖ Candidates must be agents of change, advocates, or risk takers, individuals who empower others by action and/or help to build organizational capacity.
- ❖ There is no age limit on candidate.

#### GUIDELINES

- ❖ The Puerto Rican Heritage Month *Lo Mejor de Nuestra Comunidad* Award is given to an individual, based on that individual's personal achievements and commitment. It is not given to groups of people, organizations or as a memorial award to people who have died.
- ❖ Letter of nomination and support should highlight why the individual is being recommended for this recognition, how long the nominator has known the candidate and the specific contributions this individual has made to the betterment and enhancement of the Puerto Rican community. The accomplishments listed should not be part of the candidate's job responsibilities.
- ❖ The nominator should address any significant obstacles overcome by the candidate (if any), and give example(s) of the candidate going beyond the call of duty.
- ❖ Candidates should represent a cross section of the Puerto Rican community: educators, health providers, artists, community organizers and activists, business professionals, volunteers, youth, senior citizens, etc.
- ❖ A complete nomination form includes an application form, a letter of nomination, two additional letters of support, and a black and white photograph.
- ❖ All items must be received at once. **Wednesday, September 22, 2010**
- ❖ No nomination will be accepted after **Wednesday, September 22, 2010**
- ❖ The recipients of the *Lo Mejor de Nuestra Comunidad* Award will be informed by **Wednesday September 29, 2010**

#### NOMINATION MUST INCLUDE THE FOLLOWING ITEMS:

- ❖ A COMPLETE NOMINATION FORM
- ❖ LETTER OF NOMINATION
- ❖ TWO ADDITIONAL LETTERS OF SUPPORT FOR THE CANDIDATE
- ❖ A BLACK AND WHITE PHOTOGRAPH OF THE CANDIDATE

**PLEASE SEND COMPLETED NOMINATION FORM**

**BY: WEDNESDAY, SEPTEMBER 22, 2010**

**TO: COMITÉ NOVIEMBRE**

**C/O INSTITUTE FOR THE PUERTO RICAN/HISPANIC ELDERLY ATTN: SULEIKA CABRERA DRINANE**

**105 EAST 22<sup>nd</sup> STREET, NEW YORK, NY 10010 FAX TO (212) 777-5106**

**FOR MORE INFORMATION PLEASE CALL (212) 677-4181 OR (914) 263-6599**



## COMITÉ NOVIEMBRE

MES DE LA HERENCIA PUERTORRIQUEÑA – PUERTO RICAN HERITAGE MONTH

### LO MEJOR DE NUESTRA COMUNIDAD AWARD NOMINATION FORM

#### CANDIDATE INFORMATION (PLEASE PRINT)

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
NAME OF ORGANIZATION: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY: STATE: ZIP CODE: \_\_\_\_\_  
PHONE (WORK): \_\_\_\_\_ (FAX): \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: STATE: ZIP CODE: \_\_\_\_\_  
PHONE (HOME) \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

#### NOMINATOR INFORMATION

TITLE: \_\_\_\_\_  
NAME OF ORGANIZATION: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY: STATE: ZIP CODE: \_\_\_\_\_  
PHONE (WORK): \_\_\_\_\_ (FAX): \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: STATE: ZIP CODE: \_\_\_\_\_  
PHONE (HOME) \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
RELATIONSHIP TO CANDIDATE? (CHECK ONE)  
 FAMILY  FRIEND  BUSINESS/ WORK ASSOCIATE  OTHER \_\_\_\_\_

#### LETTERS OF SUPPORT

##### SUPPORTER # 1

TITLE: \_\_\_\_\_  
NAME OF ORGANIZATION: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY: STATE: ZIP CODE: \_\_\_\_\_  
PHONE (WORK): \_\_\_\_\_ PHONE (FAX): \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: STATE: ZIP CODE: \_\_\_\_\_  
PHONE (HOME) \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
RELATIONSHIP TO CANDIDATE? (CHECK ONE)  
 FAMILY  FRIEND  BUSINESS/ WORK ASSOCIATE  OTHER \_\_\_\_\_

##### SUPPORTER # 2

TITLE: \_\_\_\_\_  
NAME OF ORGANIZATION: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
CITY: STATE: ZIP CODE: \_\_\_\_\_  
PHONE (WORK): \_\_\_\_\_ PHONE (FAX): \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: STATE: ZIP CODE: \_\_\_\_\_  
PHONE (HOME) \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
RELATIONSHIP TO CANDIDATE? (CHECK ONE)  
 FAMILY  FRIEND  BUSINESS/ WORK ASSOCIATE  OTHER \_\_\_\_\_

*PLEASE SEND COMPLETED NOMINATION FORM BY WEDNESDAY, SEPTEMBER 22, 2010 TO: COMITÉ NOVIEMBRE C/O IPRHE  
ATTN: SULEIKA CABRERA DRINANE  
105 EAST 22ND STREET, NYC 10010 FAX TO (212) 777-5106. FOR MORE INFORMATION PLEASE CALL (212) 677-4181 OR (914) 263-6599*