



COMITÉ NOVIEMBRE

MES DE LA HERENCIA PUERTORRIQUEÑA – PUERTO RICAN HERITAGE MONTH

LO MEJOR DE NUESTRA COMUNIDAD AWARD

NOMINATION FORM

2011

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 ♦ EL PUENTE

EUGENIO MARÍA DE HOSTOS COMMUNITY COLLEGE ♦ LATINIOJUSTICE - PRLDEF

NATIONAL INSTITUTE FOR LATINO POLICY

NATIONAL CONGRESS FOR PUERTO RICAN RIGHTS - JUSTICE COMMITTEE

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 by **Friday, July 1, 2011**
- ❖ No nomination will be accepted after **Friday, July 1, 2011**
- ❖ The recipients of the *Lo Mejor de Nuestra Comunidad* Award will be informed by **Wednesday, July 20, 2011**

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: **Friday, July 1, 2011**

TO: COMITÉ NOVIEMBRE, C/O IPRHE • 105 East 22nd Street • NYC • 10010 • ATTN: Suleika Cabrera Drinane
or 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 FRIDAY JULY 1, 2011 To:

COMITÉ NOVIEMBRE, C/O IPRHE•105 EAST 22ND STREET•NYC•10010• ATTN: SULEIKA CABRERA DRINANE OR FAX TO (212) 777-5106

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