

Nominator Information			
Board Executive Director Name:			
ADAMH/CMH/ADAS Board Name:			
Nominee Information			
Full Name: <i>(Last, First, M.I.)</i>			
Street Address and Apartment/Unit #			
City	State	Zip Code	
Home Phone:	()	Alternate Phone:	()
E-mail Address:			
Questions			
1. How do you know the nominee?			
2. Is the nominee a(n): (Check all that apply)			
a. <input type="checkbox"/> ADAMH/CMH/ADAS Board Staff Member		<input type="checkbox"/> ODADAS-Certified Program Staff	
b. <input type="checkbox"/> Alumni of an ODADAS Certified Program		<input type="checkbox"/> Alumni of an Ohio Drug Court	
3. a) Program that nominee is attending/planning to attend? _____.			
b) Completion date? _____.			
4. What are the nominees' plans after graduation/completion of program?			
5. Is the nominee aware that he/she has been nominated for the scholarship?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
6. On a separate sheet of paper, state why this nominee should be considered for the scholarship award in 500 words or less, including but not limited to:			
<ul style="list-style-type: none"> • Professional Goals • AoD related experiences (e.g. Contributions to the field and/or success in completing a board contracted program or drug court). • Obstacles overcome • Unique financial circumstances • Passion for Recovery and Addictions Field 			
Signature:			