CHARACTER TRAIT NOMINATION FORM

"FAMILY"

Promoting the cohesive unit of individuals residing together; providing support & encouragement, guidance & direction.

Name of Nominee: _____
Address:_____
Phone:_____Email:_____

REASON FOR NOMINATION:

Date of Event:_____Place of Event:_____
Primary Source Supporting Event: Eyewitness / Video / Newspaper / Other_____

PROVIDE A DETAILED EXPLANATION IN 300 WORDS OR LESS:

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Your Name:_____

Return Form to: Roby Little at Lee's Summit CARES 901 NE Independence, Lee's Summit Mo. 64086 or email them to rdlittle@rediscovermh.org