

Nomination form for the Patti L. Hyslop in Sobriety Award

**The Name of the Person nominated to receive this
award:** _____

_____.

**The Name of the Community/Village where this Person
lives:** _____

_____.

**The Name of the Village, Tribe, or Person submitting this
nomination:** _____

_____.

**The Length of time that this Person has been free of Alcohol and
Drugs:** _____

_____.

**Please write a statement about this person you have nominated;
including community service, and how this person provides leadership
in growth and healing, and examples of how this person is a role**

model in your community. Give the reasons why you believe this person should receive the Patti L. Hyslop Leadership in Sobriety Award.