**VCAF JOHN COOK AWARD NOMINATION FORM**

**Please complete all the questions below before submitting.  All information must be submitted at the same time.  You will be submitting**

* **Contact information about the Nominee,**
* **Contact information about the Nominator,**
* **Attach or copy and paste, a letter of recommendation for the Nominee;**
* **Attach or copy and paste, a personal resume for the Nominee.**

 **If you have any questions about using this form, or have any difficulty accessing this form, please email Linda Grubba, Chair, John Cook Award Committee at** **vcalindagrubba@gmail.com** ***Nominations should be submitted by September, 9th .***

**Date of Submission (month, day, year)**

**Please identify the date of submission for this nomination for the John Cook Award.**

**ABOUT THE NOMINEE**

**Name of nominee\***

**Nominee's email (****name@me.com****)\***

**Nominee's address  (Street, City, State, Zip Code)\***

**Nominee's preferred phone (803-xxx-xxxx)\***

**ABOUT THE PERSON MAKING THE NOMINATION**

**Who is submitting this nomination and for which organization?**

**Name of person nominating\***

**Your answer**

**My organization (i.e. Which Chapter, Division, VCA, or Foundation)\***

**Your answer**

**Nominator's email (****myemail@mynetwork.com****)\***

**Your answer**

**Nominator's preferred phone number (703-123-1234)\***

**Your answer**

**Has the organization Elected Board of Directors formally endorsed the nominee?\***

**Has the organization elected Board of Directors formally endorsed the Nominee**

**Yes \_\_\_\_\_**

**No \_\_\_\_\_**

**Other:**

**LETTER OF RECOMMENDATION FOR NOMINEE.**

**Please attach or copy and paste, a letter of recommendation from a VCA member who knows the candidate.**

**RESUME OF NOMINEE**

**Please attach a copy of a current resume of the candidate, featuring service to VCA, the VCA Foundation, or other organizations associated with the counseling profession.**