NOMINATION FORM



Kim Brand Humanitarian Award



Presented by Kentuckiana Stroke Association

The Kentuckiana Stroke Association's Kim Brand Humanitarian Award honors someone each year who demonstrates a giving heart, who goes above and beyond what they are asked and always puts others in the community first ahead of their own needs. They give with no expectations or contingencies because they care about the causes and people they serve and support.

Please fill out this form as completely as possible and limit additional information to one page (CV, honors, awards and the people and companies who have been touched by the nominee. Do not include video but you may attach up to two articles or information with this form.)

PLEASE PRINT

| Name of person nominating an individual: | |
|--|------|
| | |

How do you know this person you are nominating?

NOMINEE Name: ______

Nominee Address/Phone: ______

Nominee Email: ______

How is this nominee connected to stroke in our community? (i.e. survivor/caregiver/volunteer/family history)

Why are you nominating this person and why do they deserve to be recognized with this award?

Please list your phone and email below and include a photo of the nominee: Please email this form to <u>info@strokekyin.org</u> with the subject line "Kim Brand Humanitarian" or mail to us at Kentuckiana Stroke Association

3425 Stony Spring Circle #102 Louisville, KY 40220 by July 1 of the year previous to the award ceremony. The winner will be invited to our annual Heartstrings event in February to receive their award.

Nominating person's contact info (phone & email): _____