

Paul Guttman Scholarship

Nomination Form

NOMINATOR CONTACT INFORMATION	
ADAMH/CMH/ADAS BOARD NAME:	
EXECUTIVE DIRECTOR	
NOMINEE CONTACT INFORMATION	
FULL NAME: (FIRST, MI., LAST)	
MAILING ADDRESS:	
CITY, STATE, ZIP CODE:	
EMAIL ADDRESS:	

NOMINATION QUESTIONNAIRE	
1. HOW DO YOU KNOW THE NOMINEE? <i>(Relatives of OACBHA Executive Council and/or relatives of a substantial contributor of the fund are not eligible for nomination.)</i>	
2. IS THE NOMINEE A(N) (CHECK ALL THAT APPLY)	
<input type="checkbox"/>	ADAMH/CMH/ADAS BOARD STAFF
<input type="checkbox"/>	PROVIDER STAFF
<input type="checkbox"/>	ALUMNUS OF A BOARD CONTRACT/PROGRAM
<input type="checkbox"/>	ALUMNUS OF A DRUG COURT
3. a.) CURRICULUM AND/OR EDUCATIONAL PROGRAM NOMINEE IS AND/OR WILL BE PURSUING? <i>(Nominees must be currently enrolled and/or accepted by the academic institution in order to be nominated)</i>	
b.) ESTIMATE COMPLETION DATE?	
4. WHAT ARE THE NOMINEE'S PLANS AFTER GRADUATION AND/OR COMPLETION OF ACADEMIC PROGRAM	
5. WHY SHOULD THIS NOMINEE BE CONSIDERED FOR THE SCHOLARSHIP (500 WORDS OR LESS) <i>The Selection Committee will consider the following criteria, including but not limited to, when determining the award recipient: Professional Goals; Unique Financial Circumstances; AoD Related Experience (e.g. Contributions to the field and/or successfully completing a Board contracted program or drug court); Personal and Professional Obstacles that were overcome</i>	
ATTACH SEPARATE SHEET	
SIGNATURE:	DATE: