WEST VIRGINIA ASSOCIATION OF ALCOHOLISM AND DRUG ABUSE COUNSELORS, INC.

Awards Nomination Application

Date: _____

PERSON MAKING NOMINATION INFORMATION:

NAME: _____EMAIL:_____.

ADDRESS: _____.

PHONE:_____.

NAME OF WVAADC, INC. SPONSORED AWARD THAT YOU ARE MAKING THE NOMINATION FOR:

__ New Frontier Award __ Distinguished Service Award __ WVAADC Counselor of the Year
__ Russ Taylor Award __ "Journey to the Profession Higher Education Scholarship"

NOMINEE INFORMATION:

NAME: _____EMAIL:_____

ADDRESS: _____.

PHONE:_____ WVAADC Member: Yes _____ No _____

Please provide us with a narrative of why this individual should be considered for this award:

_____

_____

_____

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Signature of Individual Submitting the Nomination

Revised: 04-2017