



# **Recipient Nomination Form**

**NOMINEE: (FIREFIGHTER, SPOUSE,  
or CHILD)**

**Nominee Address:** \_\_\_\_\_

**Nominee Contact number:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Rank:** \_\_\_\_\_

**Assignment\Station:** \_\_\_\_\_

**Provide a brief description of the nominee's condition and prognosis below. Please be as descriptive as confidentiality will allow. Submissions will be selected by committee based on confirmed diagnosis, severity of prognosis, and perception of need. Nominee's must be from areas within, or bordering the CSRA. All nominations must be received by COB on April 8th, 2016.**

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**Person Submitting**

**Nomination:** \_\_\_\_\_

