**PAF NOMINATION FORM**

**Chapter of the Year Award**

**NOMINATIONS OPEN: JUNE 15, 2021**

**NOMINATIONS CLOSE: AUGUST 15, 2021**

This form must be completed for all nominees of the PAF Chapter of the Year Award. The completed form must be return to PAF no later than **August 15, 2021**.

Purpose

The Chapter of the Year Award is designed to recognize the achievements and contributions of a PAF Chapter. Examples of these achievements and contributions include development or participation in a community service program which results in a positive public image for the paralegal profession; contributions to paralegal education; or development of a professional development or career enhancement program. The award recipient is selected by the PAF President. The award will be presented at the PAF Annual Seminar each year in the fall.

Qualifications

* Must be a PAF Member to nominate a Chapter

**Send your completed Nomination Form either via email to:** [**director@pafinc.org**](mailto:director@pafinc.org)

**or via mail to: P.O. Box 11081, Tallahassee, Florida 32302**

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**PAF AWARD NOMINATION FORM – Chapter of the Year**

Chapter Nominee Information

PAF Chapter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter Achievements and Contributions

In the box below, describe the most significant achievement or contribution that should be considered for the Chapter of the Year Award. Include the purpose of the project/program, Chapter’s level of involvement, current status of project/program, and the effect Chapter’s participation on the project/program. If more space is needed, please use an additional sheet.

*1. What contributions to PAF/Chapter Members/community has this chapter made?*

*2. What community service has this Chapter participated in which made a difference to the charity or the community?*

*3. What specific contributions to the local paralegal education programs has been made by this chapter?*

*4. What career enhancement or professional development has this chapter made in the past year?*

Information of Nominating PAF Member (*Nominees must be nominated by a PAF Member)*

I hereby nominate the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PAF Chapter for consideration as a recipient of the PAF Chapter of the Year Award.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Nominating PAF Member Date

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