CHARACTER TRAIT NOMINATION FORM

“COOPERATION”

Working together to reach a common goal.

Name of Nominee: ____
Address:____
Phone:________________________________Email:__________________________________

REASON FOR NOMINATION:

Date of Event:_______________________________Place of Event:________________________________
Primary Source Supporting Event: Eyewitness / Video / Newspaper / Other_____________________________

PROVIDE A DETAILED EXPLANATION IN 300 WORDS OR LESS:

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Your Name:____

Return Form to: Roby Little at Lee’s Summit CARES 901 NE Independence, Lee’s Summit Mo. 64086 or email them to rdlittle@rediscovermh.org