



PROGRAM CRITERIA:

- MUST HAVE A VALID DRIVER'S LICENSE
- MUST BE ABLE TO OBTAIN AND MAINTAIN VEHICLE INSURANCE
 - HAVE A SAFE DRIVING RECORD
 - BE FINANCIALLY CHALLENGED
- DOES NOT CURRENTLY OWN A RELIABLE, WORKING VEHICLE

NOMINATION FORM

Please submit typed, not handwritten

DATE SUBMITTED _____

SUBMITTED BY _____ RELATIONSHIP TO CANDIDATE _____

AGENCY/NONPROFIT _____ Title _____

PHONE Work Cell _____ EMAIL _____

CANDIDATE INFORMATION

NAME OF CANDIDATE _____

ADDRESS _____ ST _____ ZIP _____

PHONE Home Work Cell _____ EMAIL _____

MARRIED _____ single _____ FAMILY SIZE (INCLUDE AGES IF KNOWN) _____

DOES CANDIDATE HAVE CLEAN DRIVING RECORD YES NO DRIVER'S LICENSE # _____

IS CANDIDATE EMPLOYED: YES NO TYPE OF WORK _____

APPROXIMATE ANNUAL TOTAL HOUSEHOLD INCOME: _____

DOES CANDIDATE OWN A VEHICLE: YES NO YEAR\MAKE\MODEL _____

DOES CANDIDATE OR FAMILY MEMBER HAVE ANY DISABILITIES : YES NO PLEASE EXPLAIN

(continue)

MILITARY INFO (IF APPLICABLE)

BRAANCH/UNIT _____ **rank** _____ **DATES SERVED** _____

DEPLOYMENT **YES** **NO** **LOCATION, DATES** _____

AWARDS, COMMENDATIONS -----

IF SELECTED, IS CANDIDATE WILLING TO SIGN A MEDIA CONSENT FORM TO SHARE STORY AND ALLOW USE OF NAME AND IMAGES. (NOT REQUIRED TO BE SELECTED) **YES** **NO**

Please tell us why the CANDIDATE would benefit from receiving this vehicle gift. Explain any challenges or issues candidate currently experience as a result of not having reliable transportation. Please provide as much information as candidate is comfortable sharing. Use additional page if necessary.