



SOCIETY OF ETHIOPIANS ESTABLISHED IN DISPORA
NOMINATION FOR SEED ADULT AWARD

Please read the accompanying guidance notes from our web site before completing this form.

NOMINEE
<i>Please <u>clearly</u> print or type the following details about the person you are nominating. You must ensure that all sections of this form are completed or we will be unable to consider your nominee.</i>

I nominate the following person for SEED national honour:

LAST NAME:

It is most important that the name given is accurate and that the spelling is correct.

FIRSTNAME:

Known as:

If different from above.

Title:

E.g. Mr, Mrs, Miss, Ms, Dr, Rev etc.

Address:

Please include as full an address as possible.

County:

Post Code:

Date of Birth:
(optional)

Telephone no:

*If known. (Incl. area code
if land line number.)*

Nationality:

Ethiopian

Please tick.

Other (please specify)

The information contained in this nomination is strictly confidential and will not be communicated to any person other than those involved in the SEED BOARD MEMBERS of the AWARD SELECTION COMMITTEE

THE RECOMMENDATION

Please tell us how your nominee has made a significant contribution in the life of Ethiopians at large. It is important that you give as much detail as possible about what your nominee has achieved which makes them stand out against others and make it clear if the achievement is in one area or in a number of different areas.

Please describe the benefits resulting from the nominee's service to a particular field, area, group, community or humanity at large.

- **What has their impact been?**
- **How wide is their influence?**
- **What are their achievements?**

Please state in few words the service for which you consider that the nominee should receive SEED's adult year award.

DETAILS OF PERSON MAKING THE NOMINATION

My name and address:

Last Name: _____ *(Incl. title e.g. Mr, Mrs, Miss, Ms, Dr, Rev etc)*

First Name: _____

Address: _____

Post code: _____

Telephone no: _____

(Incl. area code if land line number.)

Email address: _____

Relationship to nominee: _____

By submitting this nomination, you declare that the information you have provided is – to the best of your knowledge – accurate and complete. Providing false information may lead to your nominee being removed from consideration for an honour.

Signature

Date

Please send this form and any enclosures to:

**Society of Ethiopians Established in Diaspora
P.O. Box 848
Pomona, NJ 08240
OR
1629 k STREET, Suite 300
Washington, DC 20006**