Jamaican Independence Celebration Foundation, Inc. Award
Nomination Form – Age 18-25 years old

Name of Nominee: First Name: _____ **Middle Name:**_____ **Last Name:**_____

Home Address: Street_____ City _____ State _____ Zip _____

Telephone: Home ( ) _____ Cell ( ) _____

Occupation: _____ Email: _____

Date of Birth: _____ Gender: □ Female □ Male

Employer's Name: _____

Employer's Address: Street_____City_____State_____ Zip _____

Affiliations/Membership:_____

Name of Nominator: First Name: _____**Middle Name:**_____**Last Name:**_____

Home Address: Street_____ City _____ State _____ Zip _____

Telephone: Home ( ) _____ Cell ( ) _____

Occupation: _____

Employer's Name: _____

Employer's Address: Street _____ City _____ State _____ Zip _____

The nominee will be evaluated on the following criteria:(Please provide details using max. 100 words and type written)

- **Outstanding performance** (Provide details about achievements in academics, sports, arts & culture, science, etc.)
- **Special attributes/skills**
- **Impact and contribution to the Jamaican Diaspora** (Provide details of specific examples of nominees impact/contribution)

A presentation of the Jamaican Independence Celebration Foundation Inc. (JICFI).

Deadline for submission is July 31, 2009 and forms should be submitted to JICFI, c/o Jamaican Consulate General, 767 Third Avenue, New York, NY 10017 or email to jicfi@congenjamaica-ny.org . Fax 212-759-9366. Awards will be presented at the Jamaican Independence Ball on August 8, 2009.

Jamaican Independence Celebration Foundation Inc. Award
Nomination Form – Age 26 years & older

Name of Nominee: First Name: _____ **Middle Name:**_____ **Last Name:**_____

Home Address: Street_____ City _____ State _____ Zip _____

Telephone: Home ( ) _____ Cell ( ) _____

Occupation: _____ Email: _____

Age: □ 26-35 □ 36-50 □ over 50 Gender: □ Female □ Male

Employer's Name: _____

Employer's Address: Street_____City_____State_____ Zip _____

Affiliations/Membership:_____

Name of Nominator: First Name: _____**Middle Name:**_____**Last Name:**_____

Home Address: Street_____ City _____ State _____ Zip _____

Telephone: Home ( ) _____ Cell ( ) _____

Occupation: _____

Employer's Name: _____

Employer's Address: Street _____ City _____ State _____ Zip _____

The nominee will be evaluated on the following criteria:(Please provide details using max. 100 words and type written)

- **Leadership** (Provide details of participation in public/private sector, community/organization, stating name of entity, capacity served, etc.)
- **Special Attributes/Skills**
- **Impact and Contribution to Diaspora (**Provide details of specific examples of nominees impact/contribution**)**

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