

BRING YOUR DREAMS.



**Return to the Brookings Human Rights Commission**

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PO Box 270

Brookings, SD 57006

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**DOROTHY & EUGENE T. BUTLER HUMAN RIGHTS AWARD  
NOMINATION FORM**

***NOMINEE:***

Name: \_\_\_\_\_ If Group, Contact Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Number of years nominee has been involved in human rights activities: \_\_\_\_\_

Employment Status (circle one): Full-time Part-time Retired Student Other

Name of Employer & Supervisor: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_

***NOMINATOR:***

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

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Relationship to nominee: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Print or type answers to the following, using separate sheet(s) of paper:*

\*\*\*\*Nomination is limited to 2 additional pages, not including nomination form. \*\*\*\*

- Activity:** Describe the nominee's human rights service(s).
- Impact:** Describe impact or difference nominee's service has made to the community. How many people were affected?
- Challenges:** Did nominee overcome challenges (physical or mental disabilities, limited resources, public perception)?
- Other:** Why do you believe your nominee deserves the Dorothy Butler & Eugene T. Butler Human Rights Award?