

BRING YOUR DREAMS.



Return to the Brookings Human Rights Commission

520 3rd Street, Suite 230

Brookings, SD 57006

Phone: 605.692.6281

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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?