

Nomination Form for

Distinguished Service Award and Kosiak Memorial Award

Please check applicable award.

Distinguished Service Award (professional)

Name of Nominee *(please print)* _____

Organization _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone _____ Evening Phone _____

Fax _____ Email _____

Program affiliation, if any _____

Kosiak Memorial Award (volunteer)

Name of Nominee *(please print)* _____

Organization _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone _____ Evening Phone _____

Fax _____ Email _____

Program affiliation, if any _____

Information Regarding Person Submitting Nomination

Name *(please print)* _____

Organization _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone _____ Evening Phone _____

Fax _____ Email _____

Fax or mail this application by April 17, 2015.

Please attach additional application information.

If you have any questions regarding awards, please contact:

**Office of Justice Programs 2015 Conference on Crime and Victimization
c/o Joann Jones**

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Ph. 651-201-7318 or 1-888-622-8799, Fax 651-296-5787, TTY
651-205-4827 joann.jones@state.mn.us

