

# NOMINATION FORM

You may nominate yourself. Please use a separate form for each person you nominate.

I would like to nominate the following person for membership on the Abbeville County First Steps Partnership Board:

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: *(work/home)* \_\_\_\_\_

E-Mail: \_\_\_\_\_

Affiliation/Employment: \_\_\_\_\_

To the best of my knowledge, the person I am nominating \_\_\_\_ lives/ \_\_\_\_ works *(check one or both)* in Abbeville County.

Board category the person would best represent: *(you may check more than one, but please indicate in the qualifications section below which category the person would best represent and why):*

\_\_\_\_ Pre K/Primary Educator  
\_\_\_\_ Family Education, Training  
and Support Provider  
\_\_\_\_ Childcare/Early Childhood  
Development Provider  
\_\_\_\_ Healthcare Provider  
\_\_\_\_ Philanthropic Community

\_\_\_\_ Faith Community  
\_\_\_\_ Business Community  
\_\_\_\_ Parent of a preschool child  
\_\_\_\_ Local Government  
\_\_\_\_ Non-Profit Organization That  
Serves Families and Children

Why are you nominating this person to the Abbeville County First Steps Partnership Board? What special qualifications do they have? *(use reverse side of sheet if more space is needed)*

Submitted by: \_\_\_\_\_ Phone number where can we  
contact you if we need more information \_\_\_\_\_

Return to: Abbeville County First Steps Partnership.

Mailing Address: 1402C Highway 72 West  
Greenwood, SC 29649

Fax #: 864-388-4103