

# 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 Greenwood 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 Greenwood 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 Greenwood 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: Greenwood County First Steps Partnership.

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

Fax #: 864-388-4103