

CLIF CHAMPION Recommendation Form



Contact Information for Nominee

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Accident History

Has the nominee, or family member been in a distracted driving related traffic accident within the last 10 years?

Has the nominee, or a family member acquired financial hardships because of the accident? If so, how?

Has the nominee, or a family member acquired physical disabilities because of the accident? If so, how?

Why the Nominee?

Why do you believe that the nominee should be awarded the CLIF Champion Award? (500 words or less)

Previous Volunteer Experience

Summarize the nominee's previous volunteer experience.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if the nominee is accepted as the award recipient, any false statements, omissions, or other misrepresentations made on this application may result in immediate revocation of the award.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

THE COLLEGIATE LIFE INVESTMENT FOUNDATION IS A NONPROFIT, TAX-EXEMPT 501(C)(3) CORPORATION COMMITTEED TO PROVIDING OVERAL FINANCIAL, PSYCHOLOGICAL, AND PHYSICAL SUPPORT FOR THOSE SERIOUSLY AFFECTED AND EFFECTED BY DISTRACTED DRIVING IN OUR COMMUNITY.

Thank you for completing this recommendation form and for your continuous commitment to our cause.