

Soroptimist of Trenton and Downriver Area's Barbara Rigg Memorial Award Application

1. Name of Nominee: _____

2. Address: _____ City: _____ Zip: _____

3. Phone Number: _____ 4. Email: _____

5. Name of Nominator: _____

6. Address: _____ City: _____ Zip: _____

7. Phone Number: _____ 8. Email: _____

9. Relationship of Nominator to Nominee: _____

10. Name of Charity/Organization for Donation: _____

- I. Please write a short description about the nominee's volunteer activities' impact on the community and who has benefitted from her efforts.

- II. Add any additional information we should know about this nominee.

Signature of Nominator: _____ Date: _____