

**GOVERNOR'S VICTIM SERVICE PATHFINDER AWARDS
NOMINATION PACKET CHECKLIST**

- Nomination Form
 - _____ Completed
 - _____ Signed & Dated

- Narrative
 - _____ No less than 2 pages
 - _____ Typed or computer generated
 - _____ Double-spaced
 - _____ No smaller than 12-point type

- Relevant support letters included
 - _____ Survivor Activist (3 letters)
 - _____ Unspecified
 - _____ Unspecified
 - _____ Unspecified
 - _____ Outstanding Student Activist (3 letters)
 - _____ Unspecified
 - _____ Unspecified
 - _____ Unspecified
 - _____ Allied Professional (3 letters)
 - _____ Service Recipient
 - _____ Collaborating PA-based victim service agency
 - _____ Unspecified
 - _____ Individual Direct Service (3 letters)
 - _____ Agency
 - _____ Service recipient
 - _____ Co-worker, supervisor, collaborating agency
 - _____ Prevention Education & Outreach (3 letters)
 - _____ Agency
 - _____ Service recipient
 - _____ Co-worker, supervisor, collaborating agency
 - _____ Organizational Capacity Building (3 letters)
 - _____ Board member/supervisor
 - _____ Unspecified
 - _____ Unspecified
 - _____ Community Service (3 Letters)
 - _____ Unspecified
 - _____ Unspecified
 - _____ Unspecified
 - _____ Program (3 letters)
 - _____ Service recipient
 - _____ Collaborating agency
 - _____ Unspecified

- Other supporting documentation included (not required)