**OHIO STATE AUXILIARY, F.O.E.**

**ALTA BROWNING SMITH AWARD NOMINATION FORM**

**Nominee:**

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

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

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

 Auxiliary name and number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Nominee joined her Auxiliary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month/Year

**Eagle Career Information**:

Local & State Offices Held (if any):

Eagle Auxiliary “Important Facts”:

Community “Important Facts”:

Miscellaneous Facts About Nominee:

**Return this form and/or letter no later than OCTOBER 25, 2020 to:**

**Debbie Sharp, Ohio State Secretary**

 **404 Kennison Avenue**

 **New Carlisle, OH 45344-1311**

You may use this form as your submission, or you may submit the information in story form. If additional space is needed, please attach extra pages. If your nominee is not chosen, letters for consideration will **NOT** be held over for the following year. You must resubmit your nominee next year.