

NOMINATION FORM
EILEEN P. SWEENEY DISTINGUISHED SERVICE AWARD

Each year, the National Organization of Social Security Claimants' Representatives (NOSSCR) considers presentation of the Eileen P. Sweeney Distinguished Services Award to an individual whose outstanding service has resulted in a significant improvement in the quality of advocacy for Social Security claimants, a significant increase in the availability of advocacy for Social Security claimants, or a significant improvement in the Social Security adjudicatory process. Special consideration will be given to individuals whose service is provided on a Pro Bono basis. Award nominations must be made by a NOSSCR member, but the award recipient need not be a NOSSCR member.

Please consider taking a moment to complete this form and nominate an individual who you believe is deserving of this award. Thank you for your nomination.

Name, address, and telephone number of your nominee:

_____ Phone: _____ FAX: _____

Why do you believe this person should be selected as a recipient of the Eileen P. Sweeney Distinguished Service Award? (You will greatly help NOSSCR's consideration of your nomination by providing specific information and examples of your nominee's efforts which have improved the quality or availability of advocacy for Social Security claimants or resulted in an improvement in the Social Security adjudicatory process.)

(Feel free to attach additional pages or other supporting information about your nominee)

Your name, address, telephone number, FAX number and e-mail address:

_____ Phone: _____ FAX: _____

E-mail: _____ TODAY's DATE: ____/____/_____

Please fax or mail back to NOSSCR, 560 Sylvan Avenue, Englewood Cliffs, NJ 07632;
FAX 201-567-1542.