

Month-Year: \_\_\_\_\_  
(MMM-YY)

# PROGRAM OF THE MONTH

PROGRAM CATEGORY (PLEASE CHECK ONLY ONE):

- COMMUNITY SERVICE
- EDUCATIONAL
- SOCIAL
- DIVERSITY

NOMINEE'S SCHOOL: UNIVERSITY OF IOWA

PROGRAM TITLE: \_\_\_\_\_

PERSON(S) IN CHARGE OF PROGRAM: \_\_\_\_\_

NOMINATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: (     ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: (     ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Target population (in numbers): \_\_\_\_\_

Time needed to organize: \_\_\_\_\_

Number of people in attendance: \_\_\_\_\_

Date(s) of program: \_\_\_\_\_

Number of people needed to organize: \_\_\_\_\_

Cost of program: \_\_\_\_\_

On campus population: **5500**

Origin of program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE GIVE A SHORT DESCRIPTION OF THE PROGRAM (NOT TO EXCEED 400 WORDS):

\_\_\_\_\_

Goals of the program:

Positive and lasting effects of the program:

WORD COUNT (200 maximum): \_\_\_\_\_

Short evaluation of the program:

WORD COUNT (200 maximum): \_\_\_\_\_

How could this be adapted to other campuses?

WORD COUNT (200 maximum): \_\_\_\_\_

WORD COUNT (200 maximum): \_\_\_\_\_

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Nominations **must** be typed in a readable font on this form in the space provided above and each area must not exceed 200 words unless otherwise specified. Nominations not following this format may not be considered for a national award. No additional material will be considered.

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