



**ADL's 2014-2015
ROBERT B. STURM MOUNTAIN STATES LEADERSHIP FELLOWS
PROGRAM
NOMINATION FORM**

Name of Nominee: _____

Phone: _____

Email: _____

Occupation : _____

In what capacity and for how long have you known the nominee? _____

Please provide any comments about the nominee that will be useful in our selection process
(you may continue on the back if you have more to say):

Nominated By: _____

Phone: _____ Email: _____

Please return to Sue Parker Gerson at sparkergerson@adl.org by July 31, 2014. Thanks!! ☺