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**PROGRAM CRITERIA:**

* **Must have a valid driver’s license**
* **Must be able to obtain and maintain vehicle insurance**
* **Must have means to cover any upfront expenses- titling, registration, sales tax, etc.**
* **Must have a safe driving record**
* **Must agree to and pass a background check**
* **Be financially challenged- there is an income cap of 2X the national poverty level**
* **Does not currently own a reliable, working vehicle**
* **If a veteran, must have an honorable discharge**

**NOMINATION FORM**

Please submit typed, not handwritten – return to Dale Ross at dross@nationalautobodycouncil.org

**DATE SUBMITTED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUBMITTED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP TO CANDIDATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGENCY/NONPROFIT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE Work  Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CANDIDATE INFORMATION**

**NAME OF CANDIDATE**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ST\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_**

**PHONE** **Home Work  Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ FAMILY SIZE (INCLUDE AGES IF KNOWN)**

**DOES CANDIDATE HAVE CLEAN DRIVING RECORD YES 🞏 NO 🞏 DRIVER’S LICENSE # \_\_\_\_\_\_\_\_\_\_\_\_ST\_\_\_\_\_**

**PLEASE INCLUDE CLEAR PHOTOCOPY OF DRIVERS LICENSE**

**IS CANDIDATE EMPLOYED: 🞏 YES 🞏 NO TYPE OF WORK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPROXIMATE MONTHLY TOTAL HOUSEHOLD INCOME:**

**DOES CANDIDATE OWN A VEHICLE: YES 🞏 NO 🞏 YEAR\MAKE\MODEL --------------------------------------------------------**

**DOES CANDIDATE OR FAMILY MEMBER HAVE ANY DISABILITIES : 🞏 YES 🞏 NO PLEASE EXPLAIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MILITARY INFO (IF APPLICABLE)**

**BRANCH/UNIT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATES SERVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPLOYMENT YES  NO LOCATION, DATES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TYPE OF DISCHARGE, IF NO LONGER ACTIVE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AWARDS, COMMENDATIONS -----------------------------------------------------------------------------------------------------------------**

**IF SELECTED, IS CANDIDATE WILLING TO SIGN A MEDIA CONSENT FORM TO SHARE STORY AND ALLOW USE OF NAME AND IMAGES. (NOT REQUIRED TO BE SELECTED) YES  NO**

**IF SELECTED, IS CANDIDATE WILLING TO SUBMIT TO A BACKGROUND CHECK? YES  NO**

**SIGNATURE OF APPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please tell us why the CANDIDATE would benefit from receiving this vehicle gift. Explain any challenges or issues candidate currently experience as a result of not having reliable transportation. Please provide as much information as candidate is comfortable sharing. Use additional page if necessary. This is an important factor in evaluating the candidates need.**