



Shriners Hospitals
for Children-Twin Cities

2009 Annual Rainbow of Hope Call for Nominations

Nominations are now being accepted for the 2009 Shriners Hospitals for Children-Twin Cities Rainbow of Hope Celebration. If you know a current or former patient who is 8 years of age or older and an outstanding role model within their community please nominate them today!

The Rainbow of Hope Award will be awarded to two patients who best meet the criteria of a role model:

- someone who has overcome physical limitations in life while maintaining a positive attitude;
- a mentor;
- a positive example to their peers; or
- a person who has provided service to their community.

Each winner will receive a plaque, medallion and a cash prize at the Rainbow of Hope Celebration.

A committee of individuals will review all nominations and select two award recipients. The Rainbow of Hope Celebration will take place on Friday, May 21, 2010. Due to the nature of the celebration, we request that nominations be limited to persons who can attend if selected. If needed, travel and hotel accommodations will be provided. We also request that you notify the patient of your intent to nominate them prior to submission of the nomination form.

Please complete the attached application, keeping each response to a maximum of 250 words. Supporting documents, such as news articles and/or photos that document accomplishments of the nominee are encouraged. Nominations may be mailed to the address listed below. **All nominations must be received on or before March 31, 2010.**

Shriners Hospitals for Children-Twin Cities
Attention: Carol Martin
2025 East River Parkway
Minneapolis, MN 55414

Please contact Carol Martin at 612-596-6209 or camartin@shrinenet.org with any questions and/or concerns.

Sincerely,

The Rainbow of Hope Planning Committee

Carol Martin, Judith Carns, Maureen Johnston, Susan Marx, Vicky Williams

Nomination Form

Nominee Information

Name _____

Address _____

Telephone Number _____

Email Address _____

Nominator Information

Name _____

Address _____

Telephone Number _____

Email Address _____

1. List examples of how the nominee has overcome physical limitations in life, while maintaining a positive attitude.

2. Explain how the nominee has been a mentor or excellent example to their peers.

