

2018 Angel Award® Nomination Instructions

Use this form to nominate someone for the 2018 Angel Award. First, please carefully read the guidelines below. Then answer each question as thoroughly as you can. When you’re finished, please send this completed form along with any supplemental materials (photos, news clippings, etc.) to:

The Angel Award

P.O. Box 98029

Baton Rouge, LA 70898-9029

*-or-*

Angel.Award@bcbsla.com

**Who’s eligible for the Angel Award?**

* Nominees must be individuals; groups cannot be nominated. However, you may nominate a person for his or her work as part of a group.
* The nominee must perform volunteer work in Louisiana, with Louisiana children as the primary beneficiaries.
* A deserving individual may be nominated for a body of work performed during his or her lifetime. Individuals may not be nominated posthumously.
* Nominees may be paid for their work, but the Angel Award recognizes extraordinary efforts that go beyond job responsibilities.
* Work may be performed on work-release time or for student course credit.

**Who’s not eligible for the Angel Award?**

* Past Angel Award honorees
* Members of the Angel Award selection committee
* Elected political officials
* Blue Cross and Blue Shield of Louisiana employees (Blue Cross employees are are eligible for the Blue Angel Award, see below)

 **Who is eligible for Blue Angel (Blue Cross employee award)?**

* You may only nominate Blue Cross and Blue Shield of Louisiana employees for the Blue Angel award.
* They must meet the same requirements above (see *Who is eligible for the Angel Award?*).
* Use the form below to nominate someone as a Blue Angel.

**Grant rules**

Only nonprofit, charitable organizations that have tax-exempt status under section 501(c)(3) of the Internal Revenue Service code are eligible for the grant associated with the Angel Award. A winner who is connected with a non-qualifying program may designate a qualifying program related to his or her services.

**Questions?**

Call our Angel Award info line at 1.888.219.BLUE (2583) or email us at angel.award@bcbsla.com



2018 Angel Award® Nomination Form

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| **Your Information** |
| **Your name** | Click here to enter text. |
| **Your home address** | Street | Click here to enter text. |
| City | Click here to enter text. | State | Choose an item. | Z.I.P. Code: | Click here to enter text. |
| **Your phone number** | Click here to enter text. | **Email address** | Click here to enter text. |
| **Your relationship to nominee** | Click here to enter text. |

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| **Nominee’s Information** |
| **Nominee’s name** | Click here to enter text. |
| **Nominee’s home address** | Street | Click here to enter text. |
| City | Click here to enter text. | State | Choose an item. | Z.I.P. Code: | Click here to enter text. |
| **Phone number** | Click here to enter text. | **Email Address** | Click here to enter text. |
| **Is this Person a Blue Cross employee?** | Click here to enter text. | **Nominee’s chosen charity** | Click here to enter text. |

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| **Summary: Briefly describe the person you’re nominating and their work (150 words)** |
| Click here to enter text. |

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| **Need: What need does the person you’re nominating meet for Louisiana’s children? How is the significance of the need measured?** |
| Click here to enter text. |

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| **Commitment: How has the person you're nominating demonstrated grit and determination in sticking with their cause to make a difference? How have they gone above and beyond?** |
| Click here to enter text. |

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| **Problem Solving: How does the person you're nominating demonstrate savvy leadership by using best practices or creating new approaches for solving problems for kids?** |
| Click here to enter text. |

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| **Results and Impact: Describe the concrete results this person has created for Louisiana's children.** |
| Click here to enter text. |

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| **Collaboration: How does the person you're nominating work with others to expand the size of their impact?** |
| Click here to enter text. |