



Teacher/Student/Employee Nomination Form

Nominate a courageous fighter battling cancer!

Name of Nominee

First Name

Last Name

Is this person aware they're being nominated? *

yes/no/unk

Nominee type/status

- RISD Teacher
- RISD Retired Teacher/Employee
- Other RISD Employee
- Employee on medical leave
- Child of RISD employee
- RISD Student
- Teacher in Chaves County

Why are you nominating this teacher/student/employee?

Tell us about this nominees' impact on students/peers.

How long have you known this nominee?

YRS/MO

Name of school the nominee is associated with in RISD/Chaves county.

How do you know this nominee?

Cancer diagnosis

type of cancer

Date of Diagnosis (or estimated, if known)

Month Day Year

Is this nominee currently on medication for cancer?

Yes

No

Unknown

How long have they been taking medication?

"UNK" if unsure

Additional information (family/faith/community)

Special circumstances or any other important information you are able to share

Your Name *

First Name

Last Name

Submit any printed forms to:

RISD Office- 300 N. Kentucky- Roswell, NM 88201

Must be submitted before deadline dates of April 1st, or October 1st of each year!

Your Email *

example@example.com