NOMINATION FORM
MARVIN J. GLINK PRIVATE PRACTICE LOCAL GOVERNMENT ATTORNEY AWARD

Fax Completed Form to (202) 785-0152

NOMINATED BY: ______________________________________________________

Name(s): ____________________________________________________________________________________________

Address: ____________________________________________________________________________________________

No. Street City State Zip

Telephone: (day) __________________________ (evening) __________________________

E-Mail: ____________________________________________________________________________________________

NOMINEE BASIC INFORMATION:

1. Full Name: _______________________________________________________________________________________

2. Title: __________________________________________________________________________________________

3. Firm Name: _____________________________________________________________________________________


5. Education (beyond high school): ______________________________________________________________________

__________________________________________________________________________________________________

6. Years in private practice and history of local governments represented and/or public offices held:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________
7. Legal scholarship (Please cite [or enclose, if feasible] publications, legislative drafting examples, briefs, opinions):

8. Service to the legal profession (include, for example, membership in and offices held in bar associations and other relevant professional organizations; pro bono publico work):

9. Community Service and activities (include, for example, civic groups; church groups; public radio/TV commentator; public-voter forums; fund-raising for community causes):

10. Awards and honors received (including but not limited to fellowships and scholarships):

________________________________________
Signature of nominator

________________________________________
Date of signature