



AMERICAN LEADERSHIP FORUM OF OREGON

ALF Fellows Program Nomination Form 2017

The **American Leadership Forum of Oregon** is comprised of individuals who have demonstrated a capacity for leadership in their chosen fields, exhibit interest and concern for the future of the community and the state and represent Oregon's diversity (racial, ethnic, geographic, occupational, political, etc.).

Date of Nomination Submission: _____

Nominee's Full Name: _____

Position/Title: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work phone: _____

Email: _____

How long have you know this person? _____

Is this person aware of your nomination? YES _____ No _____

Please comment on the extent to which the nominee sees his or her future in Oregon:

Please list affiliations of nominee (board/commission/council/association/committee/task-force/membership, etc):

Please list five reasons why the nominee would be a valuable addition to the ALF network and mission:

What are the nominee's likely sources of funding for the ALF Fellows Program tuition? (Important note: nominees will be expected to personally contribute 10% towards their tuition and a limited number of scholarships are available per year.)

PERSONAL/DEMOGRAPHIC INFORMATION

ALF is highly regarded for its commitment to reflect the diversity of Oregon in each of its classes. While completion of the following section is optional, we would appreciate your assistance in helping us ensure that we include participants from among the widest possible range of talented leaders in the state:

Race/Ethnicity: _____

Gender: _____ Sexual Orientation: _____

Political Affiliation: _____

Religious Observance: _____

National Origin: _____

Other aspects of diversity nominee might contribute to an ALF class: _____

NOMINATOR'S INFORMATION

Nominator's Name: _____

Relationship to ALF: _____

Organization: _____ Title: _____

Address (Street, City, Zip): _____

Work Phone: _____ Home Phone: _____

Email address: _____

If I supervise this nominee, I agree to set regular check-ins with the nominee to monitor his/her progress in the program:

Yes _____ Signature: _____ Date: _____

Please list other ALF Senior Fellows who also know and might be able to comment on this nominee (if applicable):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Any decision to offer membership in the class will be communicated to the nominator (by email) before it is communicated to the nominee.

After completing this form, please return it to:

American Leadership Forum of Oregon

221 NW Second Ave (Suite 306) • Portland, Oregon 97209

503-636-2288 Tel • 503-220-1335 Fax