Positive Parenting Story Nomination

My Name Is: _____ **Phone:** _____

You will be contacted by a member of the selection committee if there are any questions or if further information is needed.

☐ I do not want my name used in any publicity or to be acknowledged. I wish to remain anonymous.

I would like to nominate (name/s): _____

Phone number: _____ **Address:** _____

Complete at least one of the statements below. Additional pages may be added if needed.

- I have seen this person or these people make sacrifices so that I could have the support, or their children could have the support they need.
- I have benefitted from this person or these people doing the following things to make me feel like I am truly important to them.
- I have seen this person or these people doing the following things to make their children feel as if they are truly important to them.
- I think other parents could learn the following things from my parent/s about how to help children learn to make the right decisions for themselves.
- I have seen this person or these people really making parenting a priority by:

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Nominations should be MAILED to the City Of Socorro Mayor's Drug Task Force/Positive Parenting Story Selection Committee at PO Box K Socorro, New Mexico 87801; or FAXED to 575.838.4027; or EMAILED to: pparenting@socorronm.gov. Successful nominations will be recognized by the Mayor and City Council.