

**Alcoholism & Substance Abuse Providers of New York State  
Julio A. Martinez Scholarship  
2019 NOMINATION FORM**

*(This form should be filled out and submitted by the person doing the nominating; no self-nominations please).*

Nominated by \_\_\_\_\_

ASAP Member Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

I have reviewed this person's Independent Professional Development plan and attached it.

Nominee Name \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

# Years of Service in the Field: \_\_\_\_\_

- Using the criteria assessment (Page 2 of Nomination Letter) please communicate why you feel the nominee should be selected as a Julio Martinez Scholarship recipient.
- Be sure that you describe how the nominee meets the criteria outlined in the Scholarship announcement letter (see numbered list and scoring categories).
- Please attach the nominee's Individual Professional Development Plan (IPDP)

Nominations should be submitted via email to: [sasha@dycinc.org](mailto:sasha@dycinc.org) or  
faxed to 718-998-9878 by **July 31, 2019**.