# 4th Annual New Mexico Healthy Family Award Banquet
# 2015 NOMINATION FORM

I/We wish to nominate the following family to be recognized and honored at the 2015 NM Healthy Family Banquet:

**Parents' Names:** _____

**Phone:** _____ **Email:** _____

**Children's Names:** _____

**Name of Nominator(s):** _____

**Phone:** _____ **Email:** _____

**Please complete this form and feel free to add additional information.**

1. How does this family show that they care about one another?

2. Give examples of routines, consistency, and stability that this family has.

3. How does this family adapt and deal with challenges?

4. Give examples of the family's commitment towards the family being a "top priority".

5. How does the family model faith, hope, and compassion in their everyday life?

6. How has this family been actively involved in the greater community?

**Please return this form by October 17, 2015**

**Email the nomination form to: NMCoalitionForHealthyFamilies@gmail.com**

The statewide banquet for the nominees, nominators, and their guests will be held Monday, **Nov. 16th** from 5:30—7:30 pm at St. John's United Methodist Church, 2626 Arizona NE, Albuquerque, NM 87110.

**For additional information**

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