



Islamic Cultural Center of Fresno

SPIRIT OF ABRAHAM AWARD / NOMINATION FORM

Honoring Voices of Courage and Compassion

I nominate the following for the Spirit of Abraham Award

Name			Telephone Number:	
Home Address				
City	State	Zip Code	Email Address	
Occupation		Employed by	Title	
Work Address			Work Number: ()	
City	State	Zip Code	Email Address	

I can be contacted at

Name				
Mailing Address			Telephone Number : ()	
City	State	Zip Code	Email Address	

The Award will be given annually during the month of Ramadan.

<p>CRITERIA: Award to given based on the following</p> <p>1- Recipients: Individual(s), Muslim & non-Muslim, and/or organization(s)</p> <p>2- Significant contribution to enhancing and promoting the understanding of Islam</p> <p>3- Promoting understanding and harmony among all religions and faiths.</p> <p>AWARD PRESENTATION</p> <p>The award will be presented on the first Friday in the month of Ramadan during the Night of Spirituality.</p>	<p>RULES</p> <p>1- Self-nominations will be accepted</p> <p>2- Nomination forms must be filled out. No verbal nomination will be considered</p> <p>3- Nominator(s) must include examples to reflect the qualification of the nominee(s)</p> <p>4- Letters of recommendations are optional (maximum one-page each)</p> <p>5- Resumes and other materials will not be considered</p> <p>6- Fax nomination accepted (mail an original copy)</p>
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Why have you nominated this person / entity? (Please list the qualification of the nominee to receive the Spirit of Abraham Award.) Attach additional pages as necessary: