



**American Criminal Justice Association – Lambda Alpha Epsilon**

**ACJA-LAE RON PINCOMB MEMORIAL FUND  
AWARD NOMINATION FORM**

**REGION \_\_\_\_\_ SELECTED \_\_\_\_\_ ALTERNATE \_\_\_\_\_**

Name: \_\_\_\_\_ Chapter (or At-large): \_\_\_\_\_

Address: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_

Regional Attended: \_\_\_\_\_

Regional Attended: \_\_\_\_\_

Active Member Since: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Brief description of activities that Applicant has attended or participated within the Region. (Extra pages may be attached)

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

I, \_\_\_\_\_, hereby affirm that I have read the information contained in this Nomination Form for the Award from the Ron Pincomb Memorial Fund and that all of the information contained therein is true and correct. I attest that it would not be possible to attend the National Conference without financial help. I pledge that if I receive this Award, I will attend the ACJA/LAE National Conference to be held at \_\_\_\_\_ (location) on \_\_\_\_\_ (date) and I fully attend and participate in the activities offered at the Conference. If, for any reason I cannot attend, I will immediately notify the National Office so that an alternate can be chosen.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**This Nomination is Approved and Submitted by:**

Region \_\_\_\_\_ President's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**Dates for Deadlines: Nominations shall be submitted to the Regional President by December 1<sup>st</sup> of each year. The form for recipients and one alternative shall be forwarded to the Executive Secretary no later than December 31<sup>st</sup> of that year. The Executive Secretary shall immediately notify the recipients and the recipient must notify the National Office by January 31<sup>st</sup> of their acceptance.**