

COHON AWARD RECOMMENDATION FORM

The Recommendation Form below is provided to nominate persons to receive The Rabbi Samuel S. and A. Irma Cohon Memorial Foundation Award (Cohon Award). Achievements will be considered in the following areas:

UNITY. Chronic infighting and rivalry can be disastrous to Jewish life. A program that effectively replaces that spirit with cooperation and mutual respect, transcending geographical, doctrinal or other differences, and strengthening ties to a common identity, will be welcomed.

EDUCATION/INFORMATION. A program or media use that spreads Jewish information to a wide public. A published or publishable book that adds something to Jewish knowledge or to understanding of Jewish people; a musical or dramatic stage or film score, script or production with the same standard; a school program that shows content, originality and effectiveness.

RESCUE. Individuals who save the lives of endangered Jewish people, rehabilitate destroyed or damaged Jewish communities, or enable Jewish refugees to find safe haven anywhere in the world.

CREATIVE ARTS. Original or interpretive work in music, visual arts, literature, dramatic arts or mixed media that celebrates or commemorates Jewish life.

As contributions build the fund, the amount of the award increases. The 2010 award was \$25,000. The amount of the 2011 and 2012 awards was \$30,000. Deadline to submit nominations and applications is Sept. 1 of each year. The winner will be selected at High Holiday time, and the award will be presented at Hanukkah.

If you are recommending another individual, please complete the entire form. If you are recommending yourself, only complete the bottom portion.

Submit this form separately for each candidate being recommended.

To recommend someone by mail, send information to:

**The Rabbi Samuel S. and A. Irma Cohon Memorial Foundation
3760 E. Sumo Octavo,
Tucson, AZ 85718**

OR

fill out the following form and email it to:

rabbisamcohon@gmail.com

or

baruch.c.2011@gmail.com

THE COHON AWARD RECOMMENDATION FORM

ABOUT THE PERSON RECOMMENDING THE CANDIDATE:

Organization:		Date:	
Last name:		First name, Middle Initial:	
Address 1:			
Address 2:			
City, State:			
Email Address:			
Phone #:			

PLEASE CHECK ONE BOX:

<input type="checkbox"/>	Provide my name / contact information to The Foundation.
<input type="checkbox"/>	Provide my name to The Foundation, but keep my email address private.
<input type="checkbox"/>	Do not provide The Foundation with any information about me. I prefer to make this recommendation anonymously.

ABOUT THE CANDIDATE BEING RECOMMENDED:

Last name:	
First name, Middle Initial:	
Address 1:	
Address 2:	
City, State:	
Email Address:	
Phone Number	

REASON FOR RECOMMENDATION (Feel free to use additional pages for this section.)	
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