American Criminal Justice Association  
Lambda Alpha Epsilon  

RICHARD McGrath MEMORIAL FUND  
AWARD NOMINATION FORM  

REGION _____ SELECTED_____ ALTERNATE_____  

Name: ________________________________ Chapter: ________________________________  
Address: ________________________________  
City: ________________________________ State: ___________ Zip Code: ___________  
Contact Phone: ________________________________ Email: ________________________________  
School Attending: ________________________________  
School Address: ________________________________  
Course of Study: ________________________________ Degree Sought: ________________________________  
Student Status: Full-time: [ ] Part-time: [ ] Anticipated Date of Graduation: ________________________________  
Chapter Advisor (Regional President, if Member-at-Large)  
Active Member Since: ________________________________ Last Regional Meeting Attended: ________________________________  

Brief description of activities that Applicant has attended or been involved with and membership offices that have been held. (Extra pages may be attached)  

I, ________________________________, hereby affirm that I have read the information contained in this Nomination Form for the Award from the Richard McGrath 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:  

Chapter Advisor’s Signature: ________________________________ Dated: ________________________________  
(or Regional President) Additional pages of recommendations may be submitted.  

Region _____ President’s Signature: ________________________________ Dated: ________________________________  

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