

Kentucky Partnership for Families and Children

GUIDELINES FOR THE BETTY TRIPLETT AWARD

The Kentucky Partnership for Families and Children has established an annual award in memory of Betty Triplett. This award will be given to a **professional** who (1) has created a service or started a program that helps meet the needs of families and children with emotional, social, or behavioral disabilities, (2) advocates for families and children with disabilities and (3) demonstrates that he/she goes "beyond the call of duty" for families and children. The Betty Triplett Award will be a cash award, which will be presented at a luncheon, to be held in December 2011.

GUIDELINES:

Nominations must be post-marked no later than **Friday November 16th, 2012**. KPFC board members and staff are not eligible.

You can mail, email, or fax your completed registration form and essay to:

Kate Tilton
Kentucky Partnership for Families and Children
207 Holmes St., First Floor
Frankfort, KY 40601
ktilton@kypartnership.org
Fax: (502) 875-1399

To be post-marked by November 16, 2012:

- 1.) Completed nomination form
- 2.) A brief, one-page essay explaining why the nominee should receive the Betty Triplett Award. Describe, in detail, what makes this caregiver an outstanding professional in working with families and children with emotional, behavioral or mental health disabilities. Any additional information that you feel would help recognize the nominee's excellence should also be included.

If you have any further questions, please feel free to call Kate Tilton at the KPFC office at (502) 875-1320 or (800) 369-0533. We thank you for helping us recognize those who have excelled in helping families and children with emotional, behavioral or mental health disabilities.

The Kentucky Partnership for Families and Children
THE BETTY TRIPLET AWARD NOMINATION FORM
(Professional Award)

Name of Nominee: _____

Job Title: _____

Name of Employer: _____

Employer's Address: _____

City: _____ Zip: _____

Nominee's Home Phone #: (_____) _____

Nominee's Work Phone #: (_____) _____

Your Name: _____

Your Address: _____

City: _____ Zip: _____

Your Home Phone #: (_____) _____

Your Work Phone #: (_____) _____

Please include a brief, one-page essay about the nominee.