



# **NO FRILLS FUN RUN**

*Half Marathon / Half-Half Marathon – you pick the distance!*

## **Beneficiary Nomination Form**

### **Nomination Eligibility And Guidelines**

To nominate an individual or a family, please download and print this form, complete it, and then either scan and email to [nofrillsfunrun@yahoo.com](mailto:nofrillsfunrun@yahoo.com) with the Subject line: "NO FRILLS NOMINATION"; or mail to No Frills Fun Run, 560 Sunnyside, Elmhurst, Illinois 60126.

To be eligible for consideration the nominee must meet the eligibility requirements:

- The family or individual must be facing a financial hardship due to a medical condition, injury or death in their immediate family.
- The family or individual must reside in Elmhurst, Illinois or attend school in Elmhurst, Illinois
- The nominated family or individual must be willing to meet with the No Frills Nomination Committee prior to selection.

### **Basic Information**

Last Name: _____	First Name: _____
Parents Names: _____	Email: _____
Address: _____	Phone No: _____
School _____	Grade _____

### **Nominee Details**

In detail, please tell us about the family/situation and why you feel this family could significantly benefit as the No Frills recipient (add additional pages if needed):

Please describe, in detail, the family's immediate needs (e.g. wheelchair, payment of medical bills, food, clothing, etc.) (add additional pages if needed):

Is nominee aware that they have been nominated? If no, please explain.

Yes  
 No

**Nominator Information**

Your Name: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Relationship to Nominee \_\_\_\_\_

**\*\*For Nomination Committee Only\*\***

Date Received: \_\_\_\_\_ Interviewed? \_\_\_\_\_

Has eligibility been met?  
 Yes  
 No

Requirements:

1. Medical condition, injury or death in family
2. Financial hardship due to above
3. Reside in Elmhurst or Enrolled in School in Elmhurst
4. Nominee willing to meet with No Frills Team?