

**CSJ Mary Smith Arnold Anti-Oppression Award Recommendation Form**

*Please use this form to nominate professional counselors and educators who have an exemplary record of challenging multiple oppressions in the counseling professions as well as in their local schools and communities.*

**PERSON BEING RECOMMENDED:**

Name & Title: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

ACA Division(s) Membership: \_\_\_\_\_

A 250-word description of how this person's life and work challenges multiple oppressions in the counseling professions as well as in their local schools and communities.

Name & Title of the Recommender: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please return this form via e-mail by 1/9/2012 to Awards Committee Chair  
Laurie Vargas at: [l.vargas@earthlink.net](mailto:l.vargas@earthlink.net)**