

# PITTSBURGH'S 50 FINEST

## APPLICATION / NOMINATION FORM

I WOULD LIKE TO APPLY/NOMINATE THE FOLLOWING TO BE HONORED AS ONE OF PITTSBURGH'S 50 FINEST:

(PLEASE USE ADDITIONAL PAPER AS NEEDED)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Age as of August 1, 2012 \_\_\_\_\_

Job Title & Company \_\_\_\_\_

\_\_\_\_\_

Does your company offer a matching gift program? \_\_\_\_\_

Education (Degrees received and names of schools.): \_\_\_\_\_

\_\_\_\_\_

Do you have a connection with Cystic Fibrosis or the Cystic Fibrosis Foundation? \_\_\_\_\_

\_\_\_\_\_

Where did you grow up? \_\_\_\_\_

What professional organizations are you affiliated with? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Explain your involvement with local charities* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*What accomplishment are you most proud of?* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*What is your favorite thing about our city?* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Why would you be a good representation of Pittsburgh's Finest?* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If nominated by someone other than self (include name and phone number):* \_\_\_\_\_

\_\_\_\_\_

PLEASE MAIL OR EMAIL TO:

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All proceeds raised by Pittsburgh's 50 Finest benefit the Cystic Fibrosis Foundation.