



USCIS Adult Citizenship Educator of the Year
(ACEY) Nomination Form

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-1607NO
OMB No. 1615-xxxx
Expires xx/xx/xx

Part 1. Information About Nominator

1. Nominee's Full Name (**Do not** provide a nickname)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Nominator's Contact Information

2. Nominator's Email Address (if any)

3. Nominator's Daytime Telephone Number

4. Nominator's Mobile Telephone Number (if any)

5. Nominator's Alternate Phone Number (if any)

6. Nominator's Company or Organization

7. Nominator's Position in the Company or Organization

8. Do you want your name to be released to the nominee? Yes/No

Yes No

Part 2. Information About Nominee

1. Nominee's Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Nominee's Contact Information

2. Nominee's Email Address (if any)

3. Nominee's Daytime Telephone Number

4. Nominee's Mobile Telephone Number (if any)

5. Nominee's Alternate Phone Number (if any)

6. Nominee's Position in the Company or Organization

NOTE: The nominee and nominator must work for the same company or organization.

Nomination Information

7. Is nominee a U.S. Citizen or a Lawful Permanent Resident (LPR)?

Yes No I don't know

8. Does the nominee have a minimum of 3 years' experience instructing adult students in Citizenship?

Yes No

9. Does the nominee have a minimum of 3 years' experience instructing adult students in English as a Second Language (ESL)?

Yes No

10. In the space below, provide a description of why the nominee should be considered for this award. Please provide information about nominee's work as an adult educator as well as efforts to support local community organizations, groups, and /or individuals on their path to civic integration. (What makes this Educator stand out?)

Yes No

Part 3. Nominator's Certification and Signature

I certify that I provided or authorized the provision of all of the responses and information contained in and submitted with my , and that all of the responses and the information are complete, true, and correct to the best of my knowledge.

4. Nominator's Signature

Date of Signature (mm/dd/yyyy)

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