EPILEPSY FOUNDATION SOUTHEAST TENNESSEE

2024 Elite Under 30 Campaign

Nominee Criteria

- A professional positioned on a track for growth and success within his or her chosen career
- A visionary who inspires others and exemplifies strong leadership qualities
- An active an engaged member of the community
- An individual with a strong network who is interested in growing their network
- Must be 30 years of age or younger as of June 12, 2024

Honoree Benefits

- Recognition as one of Chattanooga's Elite Under 30 Professionals
- Recognition on the website and various media platforms
- Opportunity to advance resume and social profiles
- Networking opportunities
- Winner receives interview on This N That with James Howard

Honoree Commitment

- Meet with Epilepsy Foundation SETN staff and board to develop campaign strategy
- Raise a minimum of \$500 through donations and sponsorships before the close of the campaign on 6/9/24, 11:59 PM.
- Attend the Strike Out Epilepsy event with the Chattanooga Lookouts and Elite Under 30 recognition on June 12, 2024

IMPORTANT DATES

APRIL 17

NOMINATION DEADLINE

APRIL 19

 INDIVIDUALS ARE NOTIFIED OF NOMINATION

APRIL 22

 GROUP ZOOM TO ANSWER QUESTIONS

APRIL 22 - JUNE 9

• INDIVIDUAL FUNDRAISING CAMPAIGN

JUNE 12

• PARTICIPANTS
RECOGNIZED AT
LOOKOUTS
GAME/STRIKE OUT
EPILEPSY AND AWARDS
GIVEN - FIRST PITCH,
GROUP SEATING,
LOADED TICKET

Elite Under 30

Nomination Application



Compa	Please complete the form and	send to: Amininger@epilep	sy-setn.org	
mpany:	Name:			
dress:				
y:State:Zip:				
pail: Age:				
ease describe the attributes that make this person a candidate for this honor. Please clude business accomplishments along with any past or present volunteer roles in the attanooga community. Feel free to attach additional pages if more space is needed. Doubt you be willing to help sponsor/support the individual you are nominating: Yes I make the property of the individual you are nominating. Yes I make the property of the individual you are nominating. Yes I make the property of the individual you are nominating. Yes I make the property of the individual you are nominating.	Work Phone:	Cell P	hone:	
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one:	Would you be willing to he	lp sponsor/support the ir	ndividual you are nominating	g: Yes No
one:	Nominated by:			
				Company:
nail:	Phone:	_		
	Email:			

Nominees will be contacted directly for further information.

Nomination forms must be turned in NO LATER than 5:00 p.m. on April 17. Accepted honorees will be notified by April 19th.