



4. Contact information for the individual you are nominating: \_\_\_\_\_

\_\_\_\_\_ My nomination posthumously honors an individual (therefore, there is no contact information for the individual).

If your nomination is posthumously honoring an individual, are there relatives that should be contacted?

\_\_\_\_\_ No \_\_\_\_\_ Yes (if yes, please fill out the following information):

Family member's name:

\_\_\_\_\_

First Name

Last Name

Family member's Address:

\_\_\_\_\_

Family member's E-mail:

\_\_\_\_\_

Family member's phone:

\_\_\_\_\_

If your nomination is NOT honoring an individual posthumously, please fill out the following information:

Nominee's name:

\_\_\_\_\_

First Name

Last Name

Nominee's Address:

\_\_\_\_\_

Nominee's E-mail:

\_\_\_\_\_

Nominee's phone:

\_\_\_\_\_

Please share your contract information here:

Your name:

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First Name

Last Name

Your Address:

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Your E-mail:

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Your phone:

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Committee Use Only:

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Date this nomination form was received: \_\_\_\_\_

Does candidate meet requirements? \_\_\_\_ Yes \_\_\_\_ No

