



Stanley Legacy Wall * Nomination Form

Name of Nominator: _____ Address: _____

Best way to contact you: Email: _____ Phone: _____

Name of The Nominee: _____

The Nominee 's Address: _____

Phone: _____ Email: _____

Date & location of Nominee's birth: _____ Parents Names: _____

When and why did The Nominee come to Port Huron? _____

How long has The Nominee lived in Port Huron? _____

Is The Nominee a current resident of Port Huron? Yes. No Not Sure

What is/was The Nominee's career/occupation/volunteer Role in the community?

Church memberships (roles and contributions):

Organizations (roles and contributions):

You may describe up to 3 of the Nominees most important contributions to the community. In a letter of 100 words or more, describe the community impact of the contribution (work performed), the outcome(s) generated which prompted you to make this nomination. Please attach proof of the contribution – i.e. Official documentation & / or personal testimony.

- If the nominee worked directly with children, youth, adult residents in the community, please describe how she/he provided the outstanding service / contribution. Give pertinent facts, dates, and location and how they benefited. Include specific data, if known. (i.e. number of individuals who benefited, number of increased participants, number of persons trained or educated to continue the effort)
- If the nominee worked indirectly to support the community, please describe the specific impact made in one or more of the following functional areas:

Community Enrichment
Personal Development
Program Development

Build and sustain Black & Brown Cultural
Maintain or Increase community resources

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___ What are other important contributions? Attach additional pages, if necessary

___ Two letters of endorsement – i.e. support for this nomination.

Please list the names and contact information for individuals submitting letters of endorsement. Please include the letter of nomination when requesting a letter of endorsement.

Name: _____ Contact information: _____

Name: _____ Contact information: _____

Name: _____ Contact information: _____

Signature of person
Submitting nomination: _____ Date: _____

<p>For Official Use Only Stanley Legacy Wall Committee decision: ___ Approved ___ Denied ___ Pending, more information required</p> <p>If pending, please describe the information required: _____</p> <p>Signature of _____</p> <p>Committee Chair: _____ Date: _____</p> <p>Committee Budget Chair verification: ___ Approved ___ Denied Date: _____</p>
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