



CITY OF SPEARFISH – CITIZEN RECOGNITION PROGRAM
2016-2017 APPLICATION FORM

I would like to nominate _____ for the City of Spearfish CITIZEN RECOGNITION Award.

Date: _____

INFORMATION OF NOMINEE

Nominee Name (First, Middle Initial, Last): _____

Date of Birth: _____ E-Mail: _____

Address: _____ City: _____ Zip: _____

Daytime Phone Number: _____ Cell Phone Number: _____

INFORMATION OF NOMINATOR

Nominator Name: _____

Address: _____ E-Mail: _____

Daytime Phone Number: _____ Cell Phone Number: _____

INCLUDE WITH APPLICATION FORM:

- STATEMENT OF QUALIFICATIONS
(Please include a statement of the nominee’s qualifications for recognition including but not limited to: Community service, volunteer work, valor, education, and sports)
- DESCRIPTION OF CONTRIBUTION TO THE COMMUNITY
(Please provide a summary of how the nominee’s activities or involvement has made a significant contribution to, or positive impact on the citizens of our community)
- PERSONAL QUALITIES

DECLARATION

I hereby declare to the best of my knowledge that all of the information provided is accurate and correct.

Signature of nominee: _____ Date: _____

ADDITIONAL ITEMS THAT MAY BE INCLUDED WITH NOMINATION

- Letters of support
- Media articles or other forms of recognition highlighting achievements
- Copies of awards, certificates, etc.
- Any other information that you believe will be of value to the application form
- Pictures

COMPLETED NOMINATION FORMS

For more information or to drop off completed nomination forms, please contact:

City of Spearfish
625 North Fifth Street
Spearfish, SD 57783
(605) 642 – 1325

