Heart of Wisconsin Chamber of Commerce

2019 Citizen of the Year Nomination Form

Will be awarded at the Annual Meeting on
Wednesday, March 4, 2020 at the Ridges

Please type or print all information. Attach all supporting documents to this form. Decisions are based on the information provided, please be thorough in your research. We will not investigate the candidates.

NAME AND ADDRESS OF INDIVIDUAL BEING NOMINATED:

First Name _____ Last Name _____
Address _____ City _____
State _____ Zip Code _____ Phone number _____

IF EMPLOYED, JOB TITLE AND BUSINESS INFORMATION:

Job Title _____ Employer _____
Address _____ City _____
State _____ Zip Code _____ Phone number _____

QUESTIONS
(Attach separate sheet)

1. Why does the nominee deserve recognition in the Wisconsin Rapids Area?
   Choose one or more of the following:
   - contributions and/or participation in community activities that promote the community, our residents, businesses, civic enhancement, or educational facilities in the Wisconsin Rapids Area.
   - demonstrated leadership ability, through professional or personal talents, to the Wisconsin Rapids Area.
   - Other
2. List any organizations to which the nominee belongs and detail their level of service. (Ex: committees served leadership roles, number of years involved, awards received, etc.)
3. Awards and/or Honors and dates received:
4. Provide any additional supporting material about your nominee that would be useful in determining their qualifications for this award.
5. Family Information (Mother, Father, Spouse, Children, Grandchildren, Great Grandchildren)**.**
6. References to contact for additional information.
7. Briefly explain why you are nominating this person.

The "Citizen of the Year" Committee would like to thank you for your time and effort in nominating a candidate for "Citizen of the Year". Nomination form and attachments must be submitted by **January 15, 2020**.

Submit papers to the Interim President at:

Heart of Wisconsin Chamber of Commerce
Krista Coon
1120 Lincoln Street
Wisconsin Rapids, WI 54494

NAME AND ADDRESS OF NOMINATOR:

First Name _____ Last Name _____
Address _____ City _____
State _____ Zip Code _____ Phone number _____

Date submitted _____