



The City of Wilmington Wilmington Awards & Access Wilmington Awards NOMINATION FORM

INSTRUCTIONS: Please type (or legibly print) all fields of this Nomination Form and return the form along with a typed, one-page narrative about how the individual or business/organization exemplifies one or more of the award criteria. For consideration, the narrative must be no more than one page in length and carefully proofed for spelling, punctuation, grammar, and syntax.

1. I would like to nominate someone or an organization for an: Access Wilmington Award **OR** Wilmington Award

2. If you are nominating someone for the Access Wilmington Awards, please choose a Category: (check one).

Please skip this part if you are nominating someone for a Wilmington Award.

- Accessibility to the Arts Accessibility to Resources Community Involvement
 Employment/Business Ownership By and For the Disabled.

3. If you are nominating someone for the Wilmington Award, please choose a Category: (check one).

Please skip this part if you are nominating someone for an Access Wilmington Award.

- Individual (Adult) Individual (Youth) Business/Organization

4. If you are nominating someone for the Wilmington Award, please choose a Categories: (check one).

Please skip if you are nominating someone for Access Wilmington Awards.

- | | | | |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Arts | <input type="checkbox"/> City Employee | <input type="checkbox"/> Environmental | <input type="checkbox"/> Heroism |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Community Service | <input type="checkbox"/> Faith | <input type="checkbox"/> Human/Civil Rights |
| <input type="checkbox"/> Business | <input type="checkbox"/> Education | <input type="checkbox"/> Health/Science | <input type="checkbox"/> Senior Citizen Award |
| | | | <input type="checkbox"/> Thomas L. Cottingham
Good Samaritan Award |

5. **Nominee Contact Information:** (Individual or Business/Organization Nominated)

Name: _____

Address: _____
Street City State Zip

Phone: _____ Alternate Phone: _____

Email: _____

6. **Nominator Information:** (Your Contact Information)

Name: _____

Address: _____
Street City State Zip

Phone: _____ Alternate Phone: _____

Email: _____

7. List three (3) people who will support this nomination:

	Name	Address	Phone #	Email
1.				
2.				
3.				

8. Send Nomination Form and Typed One-Page Narrative by **SUNDAY, JULY 7, 2019**. Nominations must be fully completed to receive consideration.

Via Email: WilmingtonAwards@WilmingtonDE.gov, with the Subject Line referencing either "**The Wilmington Awards**" or "**Access Wilmington Awards**"

Via Fax: (302) 571-4102; Attention: Lossie M. Freeman

Via US Mail: The Wilmington Awards
Attn: Lossie M. Freeman
800 North French Street, 3rd Floor
Wilmington, DE 19801

Via Website: www.WilmingtonDE.gov/wilmingtonawards

ANY QUESTIONS CONTACT LOSSIE M. FREEMAN AT **(302) 576-2126**