

BRING YOUR DREAMS.



Return to City Clerk's Office

520 3rd Street, Suite 230

Brookings, SD 57006

605.692.6281

605.692.6907 Fax

MAYOR'S GENERATIONAL LEADERSHIP AWARD NOMINATION

NOMINEE:

Name: _____ Age: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Occupation: _____ Employer: _____

NOMINATOR:

Name: _____ Organization: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Relationship to nominee: _____

Signature: _____ Date: _____

Print or type answers to the following, using separate sheet(s) of paper:

****Nomination is limited to 2 additional pages, not including Nomination Form. ****

- Activity:** Describe the nominee's community service(s).
- Impact:** Describe impact or difference nominee's service has made to the community. How many people were affected?
- Challenges:** Did nominee motivate new generations to be active in the community?
- Other:** Why do you believe your nominee deserves the Mayor's Generational Leadership Award?