

# LQG Awards Nomination Form

Deadline: Sept. 1,  
2019

Nominations required for award: Minimum of 2

*LQG Awards will be presented during the October LQG meeting.*

Nomination forms can be mailed to: **LQG Awards**  
**PO Box 6861**  
**Lincoln, NE 68506**

Alternately, nomination forms can be hand-delivered to the current LQG President,  
**Christina Chapman.**

This form may be copied. If submitting more than one nomination, please complete a separate form for each nominee. Do not submit all nominations on one form.

Please be aware that members of the Awards Committee may not be personally aware of your nominee's efforts, so please be specific when detailing your reasons for the nomination. You may attach additional sheets if necessary.

**NOMINEE'S NAME:** \_\_\_\_\_

**NOMINEE'S ADDRESS:** \_\_\_\_\_  
Street City State Zip code

## **AWARD CATEGORY**

Please check the award category that applies to your nomination.

**LQG LIFE MEMBER**

This is the highest honor given to an LQG member. It is awarded for a **lifetime of achievement in the quilting world** and/or **significant contributions** to the Guild. It is an honor that is infrequently given.

Complete **sections A, B, & C** below.

**LQG BRIGHT STAR**

This honor is awarded to an LQG member for **consistent achievement** and **continuing involvement** for the betterment of the Guild over a period of time (for achievement beyond the Shining Star level but less than the level of a Life Member.)

Complete **sections A & B** below.

**LQG SHINING STAR**

This honor is awarded to an LQG member for a **significant contribution** to the Guild. It may be for a single project or for an ongoing project.

Complete **section A** below.

# LQG Awards Nomination Form -- Section A

Deadline: Sept. 1,  
2019

Nominations required for award: Minimum of 2

Complete for nomination of LQG Shining Star, LQG Bright Star, or LQG Life Member.

NOMINEE'S NAME: \_\_\_\_\_

NOMINEE'S ADDRESS: \_\_\_\_\_

Street

City

State

Zip code

## SECTION A

1. List the project or projects your nominee has been involved with:

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2. How long has s/he been involved with the project or projects? If more than one project, list each project separately and the length of involvement for each one.:

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3. Why do you feel your nominee should receive this award?

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Nomination for **LQG Shining Star Award** submitted by: \_\_\_\_\_

Contact information for LQG member submitting **LQG Shining Star Award** nomination:

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Nomination for LQG Shining Star Award supported by the following LQG members:**

\_\_\_\_\_  
Signature(s)

| <b>LQG Awards Nomination Form -- Section B</b>                 |   |
|--|---|
| <b>Deadline: Sept. 1, 2019</b>                                 | <b>Nominations required for award: Minimum of 2</b> |
| Complete for nomination of LQG Bright Star or LQG Life Member. |   |

**NOMINEE'S NAME:** \_\_\_\_\_

**NOMINEE'S ADDRESS:** \_\_\_\_\_  
Street
City
State
Zip code

**SECTION B**

5. How long has your nominee been active or involved in quilting?  
 \_\_\_\_\_
  
6. How long has your nominee been a member of Lincoln Quilters Guild?  
 \_\_\_\_\_
  
7. In what capacity has your nominee served LQG? List all Officer positions, Committee Chair positions, Committees served on, or other volunteer activities.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
8. What do you feel is your nominee's main contribution to Lincoln Quilters Guild?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Nomination for **LQG Bright Star Award** submitted by: \_\_\_\_\_

Contact information for LQG member submitting **LQG Bright Star Award** nomination:

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Nomination for LQG Bright Star Award supported by the following LQG members:**

\_\_\_\_\_  
 Signature(s)

# LQG Awards Nomination Form -- Section C

Deadline: Sept. 1,  
2019

Nominations required for award: Minimum of 2

Complete for nomination of LQG Life Member.

NOMINEE'S NAME: \_\_\_\_\_

NOMINEE'S ADDRESS: \_\_\_\_\_

Street

City

State

Zip code

## SECTION C

9. How is your nominee involved in the quilting world beyond Lincoln Quilters Guild?

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10. What do you feel is your nominee's **MAIN** contribution to the quilting world?

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11. List your nominee's quilting achievements (e.g. scholarly writings, quilt making, research, leadership, conservation, teaching, etc.):

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12. Why do you feel your nominee deserves the LQG Life Member Award rather than the LQG Bright Star Award?

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Nomination for **LQG Life Member Award** submitted by: \_\_\_\_\_

Contact information for LQG member submitting **LQG Life Member Award** nomination:

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Nomination for the LQG Life Member Award supported by the following LQG members:**

\_\_\_\_\_  
Signature(s)