

Lincoln Quilters Guild Awards Nomination Form						
Nominations required for award: Minimum of 2						
during the October Lincoln Quilters Guild meeting						

Completed nomination forms should be mailed to:	Lincoln Quilters Guild Awards
	P.O. Box 6861
	Lincoln, NE 68506

- Alternatively, nomination forms can be hand-delivered to the current Guild President.
- 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 effort, so please be specific when detailing your reasons for the nomination and ensure it aligns with Award Category you are recommending. You may attach additional sheets if necessary.

NOMINEE's NAME:			

NOMINEE's ADDRESS: _

Street

State

Zip Code

AWARD CATEGORY: Please check award category that applies to your nomination.

City

□ LQG SHINING STAR – Complete section A below

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.

□ LQG BRIGHT STAR – Complete sections A & B below

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 (or achievement beyond the Shining Star Level, but less than the level for a Life Member.

□ LQG LIFE MEMBER – Complete sections A, B, & C below

This is the highest honor given to an LQB member It is awarded for a lifetime of achievement and/or significant contribution to the Guild. It is an honor that is infrequently given.

Lincoln Q	uilters G	uild Awards	Nominatio	on Form	– SECTI	ON A
eadline: Septen	nber 1	Nomination	s required	d for awa	rd: Mini	mum of 2
Complete for nom	nination o	f LQG Shining	Star, LQG E	Bright Star	, or LQG	Life Member
NOMINEE'S NAME	:					
NOMINEE's ADDR						
	St	reet		City	State	Zip Code
SECTION A:						
1. List the project of	or projects	s your nominee	has been inv	olved with:		
2. How long has s/h	ne been in	volved with the	project or pr	oiects? If m	ore than o	one project, list
each project separa						
3. Why do you fee		ninee should re	ceive this aw	/ard?		
		Attach additiona	al sheets if nece	essary.		
Nomination for LQC	G Shining	Star Award su	bmitted by:_			
Contact information	for LQG	Member submit	ting LQG Sh	ining Star	Award no	mination:
Mailing Address:						
	Street	City	State	Zip Code		
Email:			Phor	ne:		
Nomination for LQC	2 Chining	Ctor Award a	ported by t	ha fallowing		
	5 Shining	Star Award Su	ipported by t		j LQG me	mbers:

	eadline: September 1 Nominations required for award: Minimum of 2						
Complete for nomination of	LQG Shining Star, L	QG Bright Sta	ar, or LQG L	ife Membe			
NOMINEE'S NAME:							
NOMINEE's ADDRESS:							
SECTION B	eet	City	State	Zip Code			
4. How long has your nomine	ee been active or invol	ved in quilting	?				
5. How long has your nomine	ee been a member of	Lincoln Quilte	r's Guild?				
 In what capacity has your positions, committees serv 			er roles, com	mittee chai			
7. What do you feel is your n	ominee's main contrib	ution to the Li	ncoln Quilter	s Guild?			
	Attach additional sheets	if necessary.					
		,					
Nomination for LQG Bright S	tar Award submitted	by:					
Contact information for LQG	Nember submittina LG	G Bright Sta	r Award non	nination:			
Mailing Address:	C	•					
Street		City		Zip Code			
Email [.]		-		•			

Lincol	n Quilters G	uild Awards	Nominatio	on Form	– SECTI	ON C
eadline: Se	eptember 1	Nomination	ns require	d for awa	ard: Min	imum of 2
Complete for	nomination of	LQG Shining	Star, LQG B	right Star	, or LQG I	_ife Member
NOMINEE's	NAME:					
NOMINEE's						
SECTION C	St	reet		City	State	Zip Code
•	ou feel is your r on to the Guild?	nominee's MAIN	l contributior	n, achiever	ment, and/	or significant
	nominee's quiltir b, conservation,	•	s (e.g. schola	arly writing	ıs, quilt ma	king, researc
	ou feel your non nt Star Award?	ninee deserves	the LQG Lif	e Member	Award ra	ther than the
		Attach additiona	al sheets if nec	essary.		
Nomination fo	or LQG Life Me	mber Award ຣເ	ubmitted by:_			
	mation for LQG		-			
Mailing Addre	ess:					
	Street	City	State	Zip Code	9	
Email:			F	Phone:		
	or LQG Bright S					
orginature (S).						