Recommendation for Silver Lining Philanthropy Award

Silver Lining Eligibility Criteria: The Silver Lining Award is a philanthropy award, which is open to any individual, group, or business that has donated their time, talent, or treasure in an effort to provide a humanitarian benefit to residents of Sanilac County during the past year. The effort must be voluntary and not involve personal or monetary gain.

Small Town Pride Awards: A business/individual who possesses pride in where they live, who is community minded, supports fellow businesses and has invested not only financially but is notably engaged in preserving small town life in their occupation. Award categories are: Outstanding Citizen, Outstanding Educator, Business Award.

Selection: Representatives of the Silver Lining Committee, and selected members at large, will serve as the selection committee.

Due to the selection process, nominations received after August 1, 2018, WILL NOT be accepted.

| liver Lining | g: 🗆 Youth Individual – Individu | als 21 years of age and younger | | |
|--------------|-------------------------------------|--|-------------|--|
| | L , | ent groups, 21 years and younger | | |
| | | ndividuals, couples and families | | |
| | 1 | \Box Groups – Service clubs, churches, charities, and other groups of unrelated people | | |
| | □ Business – For-Profit Busin | ess | | |
| Small Town | □ Business – Town Represent | ing: | | |
| Pride: | | n Representing: | | |
| | □ Outstanding Educator - Sch | ool District: | | |
| | PLEASE T | YPE OR PRINT CLEARLY | | |
| Who do you | recommend for an award? Plea | ase give complete name, address and ph | one number. | |
| Nomi | nee's Name | | | |
| Person | n to Contact, if group or business_ | | | |
| Nomi | nee's Email: | | | |
| Nomi | nee's Address: | | | |
| Nomin | (Street) | | | |
| | (City) | (State) | (Zip) | |
| | | | (Zip) | |
| Nomin | ee's Phone: | | | |
| Nominator I | nformation: | | | |
| Your N | Name: | | | |
| Your H | Email: | | | |
| Your A | Address: | | | |
| | Address:(Street) | | | |
| | (City) | (State) | (Zip) | |
| | | | <u>√</u> г, | |
| Your F | Phone: | | | |

PLEASE TYPE OR PRINT CLEARLY

Nominee's Name: _____

Why are you making the recommendation?

Please supply as much information as possible such as: organizations involved, projects completed, number of Sanilac County residents served, years of service. What makes this person, group or business exceptional? Please remember that we do not necessarily know this individual so as much information as possible is appreciated. For additional space, please attach a separate sheet of paper. Do NOT use the back of this form.

Other information that you'd like to share:

Anecdote, story, or personal interest, how to pronounce person's name, or anything else we need to know.