2022 STATE HISTORY AWARDS NOMINATION FORM

STATE HISTORY AWARD

NAME OF SPECIAL PROGRAM OR EVENT

warrant a State History Award.

SIGNATURE

decision made by the Awards Committee.

DATE AND/OR DATE RANGE OF SPECIAL PROGRAM OR EVENT

Nominations and supporting materials must be received by **Friday**, **July 29**, **2022**, **at 5 p.m.** Nominations received after that date and time will not be accepted, regardless of postmark.

Each year, the Historical Society of Michigan presents State History Awards to individuals and organizations that have made outstanding contributions to the appreciation and understanding of Michigan history. The awards are presented at the annual Michigan History Conference and recognize the excellence of achievement by an individual or organization in the collection, preservation, and/or promotion of state and local history.

Questions? Please consult our State History Awards FAQ online at hsmichigan.org, call (800) 692-1828, or e-mail awards@hsmichigan.org.

The following are **NOT** eligible to receive this State History Award:

- Staff and individuals currently serving on the Board of Trustees of the Historical Society of Michigan.
- A program or event completed more than three years prior to the nomination deadline.
- A recurring program or event that has received a State History Award within the past 5 years.

NOMINEE FOR SPECIAL PROGRAMS/EVENTS

The Special Programs/Events award recognizes a Michigan history-related program or event that occurs over a limited time span and is typically the highlight of the organization's year. It may or may not be strictly educational in nature and may combine various elements. For example: an exhibit, lecture, or tour focused on a single theme.

HOSTING ENTITY	
MAILING ADDRESS FOR HOSTING ENTITY	
CITY, STATE, ZIP FOR HOSTING ENTITY	
NAME AND TITLE OF CONTACT PERSON	
E-MAIL FOR CONTACT PERSON	DAYTIME PHONE (WITH AREA CODE) FOR CONTACT PERSON
	•
INDIVIDUAL OR ORGANIZATION	ON MAKING NOMINATION
An individual or organization may submit up to two nominations per y	vear. Self-nominations are allowed.
NAME	
MAILING ADDRESS	
CITY, STATE, ZIP	
E-MAIL	DAYTIME PHONE (WITH AREA CODE)
☐ I have provided 10 copies of the nomination packet for the HSM • This completed nomination form. (Please use only 8.5" x 11" paper	

DATE

• A **minimum** 500-word narrative supporting the nomination on a separate sheet. A two- to four-page narrative is recommended. This text should state the reasons for your nomination and provide a description of the program or event and significance to

Please Note: All nomination materials submitted become the property of HSM. They will not be returned regardless of the

Any supporting information, such as clippings, photos, brochures, exhibit guides, and/or letters of support.