

De Pere Community



De Pere Community Silver Knight Award

Presented by



Criteria and guidelines for nomination of the De Pere Community Silver Knight Award

Since its inception in 1968, the De Pere Community Silver Knight Award has been bestowed upon outstanding individuals nominated by De Pere service clubs, civic organizations or members of the community. The winner each year is selected by a vote of past recipients.

- 1. The nominee must have been a resident of one of the De Pere School Districts for at least five consecutive years and live in the De Pere community at the time of nomination; there is no age requirement, however, nominee must be living at the time of the nomination.**
- 2. The nominee must be an individual who has demonstrated leadership, imagination and dedication.**
- 3. The nominee must have made a significant contribution(s) to the community of De Pere as a public service without remuneration.**
- 4. Nomination applications will remain active and under consideration for a period of three years, at which time the individual would have to be re-nominated.**
- 5. A picture of the nominee must be submitted with the nomination form.**

Previous winners have been recognized for their contributions to:

- Civic development
- Church activities
- Services to the elderly, handicapped and/or needy
- Programs for youth and children
- Scouting programs
- A variety of other civic and philanthropic activities

Please Mail to:

De Pere Rotary
P.O. Box 5221
De Pere, WI 54115-5221





De Pere Community Silver Knight Award Nomination Form

PLEASE PRINT

The name of _____ is hereby submitted
(name of person being nominated)

as a candidate for the De Pere Community Silver Knight Award for _____.
(year)

Nominee's Address: _____

Phone Number: _____ Resident of De Pere for _____ years.

Email Address: _____

Employed by or retired from: _____

Position/Title: _____

Spouse's name (if applicable) _____

Children's names and ages:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Service (if applicable) _____

Civic Positions (municipal, state, federal) _____

Memberships in organizations (past and current)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contact Information for Individual/Organization Submitting Nomination:

Contact Name: _____ Organization: _____

Phone Number: _____ Email Address: _____

[illegible]

A maximum of three (3) letters of support will be accepted with application. Picture must be included.