Citizen of the Quarter Recognition Award

The objective of this award is to publicly recognize those community members who contribute to the Red Cliff Band of Lake Superior Chippewa community, assist someone in need, or in any way improve the quality of life in the Red Cliff community. The award will be presented by the Tribal Council at a Regular/Special Council meeting.

Guidelines for nominations and selection of the Recognition Award include:
- The nominee must live within the Red Cliff reservation and be a community member.
- Nominees for the award need not be well-known people in the community.
- Nominations for all members of the community are encouraged.
- Elected officials are not eligible for nomination.
- Nominees should have a reputation for honesty, integrity, and pride in our community.

Selection Committee Membership:
The Citizen will be chosen from among all nominations by a select committee consisting of one Tribal Member Elder, one At-Large Council Member, and one Tribal Staff Member. All members will be appointed by the Tribal Chairperson and will serve for a one year period.

Directions for completing the nominating form:
- Answer all questions on the form, and submit any other information you may want included in your recommendation.
- Nominations must be received by end of each quarter.
- The nomination form may be dropped off at the Administration Office Attn.: Jeanne Gordon, Executive Secretary or email to Jeanne Gordon at jean.gordon@redcliff-nsn.gov

Quarterly Dates for Submission: (Please select the quarter)

Quarter 1	_____	October, November, December	(Selection made in January)
Quarter 2	_____	January, February, March	(Selection made in April)
Quarter 3	_____	April, May, June	(Selection made in July)
Quarter 4	_____	July, August, September	(Selection made in October)

Nominee Name: _____

Brief History of Nominee: _____

_____

_____

_____

Why is Citizen being nominated: _____

_____

_____

_____

Comments and/or additional information: _____

_____

_____

Nomination submitted by: _____

Address: _____ Phone Number: _____

OFFICE USE ONLY

Quarter to be considered: _____

Committee Approval Date: _____

Tribal Council Presentation Date: _____

DATE RECEIVED: _____