



# NICWA

National Indian Child Welfare Association  
Protecting Our Children • Preserving Our Culture

## 2023 NICWA Member or Program of the Year Award Nomination Application

Name of Nominee: \_\_\_\_\_

Program/Project Title: \_\_\_\_\_

Contact Person (if different than nominee): \_\_\_\_\_

Nominee's Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the nominee a NICWA member? Yes \_\_\_ No \_\_\_

Is this application a self-nomination? Yes \_\_\_ No \_\_\_

If not, is the nominee aware of this nomination? Yes \_\_\_ No \_\_\_

Nominating Sponsor's Information (if applicable):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the nominee: \_\_\_\_\_

Check all that apply: Member \_\_\_ NICWA Board Member \_\_\_ NICWA Employee \_\_\_

I affirm that the statements in this application are correct to the best of my knowledge and I understand that the selection committee's decisions are final. I am personally acquainted with the nominee and hereby endorse his/her nomination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete this form online or email a completed form to [membership@nicwa.org](mailto:membership@nicwa.org)

You can also mail the form to:

National Indian Child Welfare Association

Attn: Member Services

5100 S Macadam Avenue, Suite 300, Portland, Oregon, 97239

**Deadline: Nomination applications must be received by Friday, February 24, 2023**