**Illinoisan of the Day Program**

1. What is the Illinoisan of the Day program?

The Illinois State Fair Museum spotlights an individual for each day of the Illinois State Fair who exemplifies the qualities and characteristics associated with Illinois – integrity, dependability, sense of community and strong ethics.

1. Why was this program created?

The Illinoisan of the Day program was created to recognize Illinoisans who make a difference in their community and perform a significant service related contribution to agriculture/state and/or county fairs.

1. What are some of the activities that define a nominee?

Illinoisan of the Day nominees should be involved in service activities, educational projects, youth programs, and there must be an affiliation with agriculture and related works to the state and/or county fairs in Illinois. Illinoisan of the Day nominees must have shown their true Illinois spirit through continued volunteerism, community service and pride in giving back to their community to make it a better place for all to live.

Criteria for Nomination:

1. Resident of State of Illinois
2. Must be 25 years of age or older.
3. Nominees must be individuals (no groups or couple nominations accepted)
4. Nominee must have performed service relative to the state fair and/ or county fair in Illinois.
5. Nominee must have an association with agriculture, the basis of the fair programs in our state.
6. “Official” Nomination Form must be completed for all nominees.
7. Nominations must be received no later than June 25, 2016.

**Please send completed Illinoisan of the Day nomination form by June 25 to:**

Illinois State Fair Museum Foundation

P.O. Box 8718

Springfield, IL 62791

 Email info@illinoisstatefairmuseum.org

Website www.statefairmuseum.org

**ILLINOISAN OF THE DAY NOMINATION FORM**

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: IL Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Nomination Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Please tell us in 300 words or less why this nominee should be chosen as Illinoisan of the Day. Why do you feel that this individual is deserving of this honor? What service / activities did the nominee perform? What years were they involved in their service?**

 **Attach your document of 300 words or less to this form with a completed reference page.**

**No additional materials should be submitted with the nomination form. If submitted, these will not be considered in the selection of Illinoisan of the Day. \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**REFERENCES**

References must be objective sources that are not related to the nominee.

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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Illinois State Fair Museum Foundation

P.O. Box 8718, Springfield, IL 62791

For more information call 217-725-8047