



Ethics in Action  
A project of Foundations

# 2020 ETHICS AWARDS NOMINATION FORM

Thank you for taking the time to recognize an outstanding ethical individual in our community!  
The nomination period is April 16 through May 31, 2020.

*Fields marked with an \* are required*

## **ABOUT YOU (THE NOMINATOR)**

**Name \*** \_\_\_\_\_

**Date\*** \_\_\_\_\_

**Email\*** \_\_\_\_\_

**Phone\*** \_\_\_\_\_

## **ABOUT THE PERSON YOU ARE NOMINATING (THE NOMINEE)**

**Name \*** \_\_\_\_\_

**Email\*** \_\_\_\_\_

**Phone\*** \_\_\_\_\_

The ideal nomination focuses on a story, (i.e., a specific problem or event in the community and how the nominee transformed this issue). We aren't looking for information about how amazing the nominee is as a human (we know they are!). The goal is to inspire action with their specific story.

**Tell us about a problem that existed in the community, or what wasn't happening that should have been? \***

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**How did the Nominee improve the situation? Include examples of leadership, courage, innovation, insight, honor and/or morals. \***

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What does this situation look like now? Is the Nominee's work ongoing? Has the Nominee's work inspired more change in this area? \*

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*If you need more space to explain any of your answers, you may attach a separate sheet of paper.*

Did the Nominee's work/action described above occur in Brown County, WI or have an impact in Brown County, WI? \* Y/N \_\_\_\_\_

Did the nominee's work/action described above (1) happen in the past 24 months OR was it (2) completed over 24 months ago and continues to positively impact Brown County? \* Y/N \_\_\_\_\_

Where the nominee's work/action had an impact (choose all that apply):

Workplace       School       Neighborhood

## REFERENCES, I.E., STORY SUPPORTERS

Please provide **at least one reference** to support the story you told above. That's someone else with knowledge or information about the impactful thing that the nominee did to inspire this nomination. There's space to provide additional references if you wish.

### Story Supporter #1

Name \* \_\_\_\_\_  
Email\* \_\_\_\_\_  
Phone\* \_\_\_\_\_

### Story Supporter #2 (optional)

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

### Story Supporter #3 (optional)

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

### Story Supporter #4 (optional)

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Please mail this completed form, postmarked before 5/31/2020 to:  
Foundations Health & Wholeness  
Attn: Jenn Steffen, Communications Manager  
1061 W. Mason Street, Green Bay, WI 54303