

Jean Laney Harris Folk Heritage Awards Nomination Form

For nomination deadline, check current guidelines.

Nomination Category (Check One)

Traditional Artist Advocacy Traditional Arts Organization

I. Nominee Information

Name _____

Contact, if nominee is an organization _____

Address _____

City _____ State _____ ZIP+4 _____

Telephone: Day _____ Eve _____

The above address is (please check one): Home/Mailing Address the Organization's Address

US Congressional District _____ SC Senate District _____ SC Congressional District _____

II. Nominator Information

Name _____

Organization Affiliation (if applicable) _____

Position Title _____

Address _____

City _____ State _____ ZIP+4 _____

Telephone: Day _____ Eve _____

The above address is (please check one): Home/Mailing Address the Organization's Address

Signature of Nominator _____

Date _____

Please return this form with nomination statement and support material to

South Carolina Arts Commission
Jean Laney Harris Heritage Award Nominations
1800 Gervais Street
Columbia, SC 29201

Nominee: _____

III. SUPPORT MATERIALS LIST

- Check type of support material for each item included with your nomination. After "**Description**," include appropriate information about that item, i.e. title of a publication or recording and its length. "**Date**" is publication, recording or event date.
- Number each item of your support material to correspond with list below and label with your Nominee's name.

1. Book/Publication Audiotape CD Video Slides Other _____

Description: _____ Date: _____

Relationship to nomination: _____

2. Book/Publication Audiotape CD Video Slides Other _____

Description: _____ Date: _____

Relationship to nomination: _____

3. Book/Publication Audiotape CD Video Slides Other _____

Description: _____ Date: _____

Relationship to nomination: _____

4. Book/Publication Audiotape CD Video Slides Other _____

Description: _____ Date: _____

Relationship to nomination: _____

5. Book/Publication Audiotape CD Video Slides Other _____

Description: _____ Date: _____

Relationship to nomination: _____

6. Book/Publication Audiotape CD Video Slides Other _____

Description: _____ Date: _____

Relationship to nomination: _____

7. Book/Publication Audiotape CD Video Slides Other _____

Description: _____ Date: _____

Relationship to nomination: _____

8. Book/Publication Audiotape CD Video Slides Other _____

Description: _____ Date: _____

Relationship to nomination: _____

Please indicate what you would like done with your nomination support materials:

Return (you must enclose SASE) Deposit with Folklife Resource Center, McKissick Museum

Nominee: _____

IV. LETTERS OF SUPPORT

- Provide the information below for each person who has written a letter of support for your Nominee. You may attach additional sheets for this section, continuing sequential numbering.
- Number each letter to correspond with list below and label with your Nominee's name.

1. Name _____
Address _____
City _____ State _____ ZIP+4 _____ Phone: _____

2. Name _____
Address _____
City _____ State _____ ZIP+4 _____ Phone: _____

3. Name _____
Address _____
City _____ State _____ ZIP+4 _____ Phone: _____

4. Name _____
Address _____
City _____ State _____ ZIP+4 _____ Phone: _____

5. Name _____
Address _____
City _____ State _____ ZIP+4 _____ Phone: _____

6. Name _____
Address _____
City _____ State _____ ZIP+4 _____ Phone: _____

7. Name _____
Address _____
City _____ State _____ ZIP+4 _____ Phone: _____

8. Name _____
Address _____
City _____ State _____ ZIP+4 _____ Phone: _____

9. Name _____
Address _____
City _____ State _____ ZIP+4 _____ Phone: _____

10. Name _____
Address _____
City _____ State _____ ZIP+4 _____ Phone: _____