



McKissick Museum

College of Arts and Sciences

2024 Jean Laney Harris Folk Heritage Award Nomination Form

November 5, 2023 Deadline for Submitting Nominations

For any question, please contact Amanda Malloy, Folklife Program Director at am261@mailbox.sc.edu or by phone at (803)-777-7707

Nomination Category (check one)

- ☐ Traditional Artist
- ☐ Traditional Arts Organization
- ☐ Traditional Arts Advocate

Nominee's Name Salutation

- ☐ Ms. ☐ Mr. ☐ No Salutation
- ☐ Mrs. ☐ Dr.

Nominee's First Name (if an individual) or Organization/Business Name

Nominee's Last Name (if an individual)

Nominee's Name Suffix

- ☐ Jr. ☐ II ☐ IV
- ☐ Sr. ☐ III

Nominee's Mailing Address

Address Line 1 _____

Address Line 2 _____

Nominee's City _____

Nominee's State _____

Nominee's Zip Code + 4 digits _____

Nominee's Primary Phone Number _____

Nominee's Alternate Phone Number _____

Nominee's email address _____

May we include this email address when giving information to constituents?

☐ Yes☐ No**Legislative District Information**

(Find your 9-digit zip code and your legislative districts at
<http://www.scstatehouse.gov/legislatorssearch.php>)

Congressional US House District: _____

State House District: _____

State Senate District: _____

If nominating an organization, give the name of the contact person for the organization and their title.

Is the nominee aware of the nomination?

☐ Yes☐ No

Nominator's Name Salutation☐ Ms.☐ Mr.☐ No Salutation☐ Mrs.☐ Dr.**Nominator's First Name:** _____**Nominator's Last Name:** _____**Nominator's Name Suffix**☐ Jr.☐ II☐ IV☐ Sr.☐ III**Nominator's Mailing Address**

Line 1 address: _____

Line 2 address: _____

Nominator's City: _____

Nominator's State: _____

Nominator's Zip Code+4 digits: _____

Nominator's Primary Phone Number: _____

Nominator's Alternate Phone Number: _____

Nominator's Email Address: _____

May we use this email address when giving information to constituents?

☐ Yes☐ No

Letters of Support Contact List (for up to 10 letters of support)**Letter 1**

Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____

Zip code _____

Phone _____

Email _____

Letter 2

Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____

Zip code _____

Phone _____

Email _____

Letter 3

Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____

Zip code _____

Phone _____

Email _____

Letter 4

Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____

Zip code _____

Phone _____

Email _____

Letter 5

Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____

Zip code _____

Phone _____

Email _____

Letter 6

Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____

Zip code _____

Phone _____

Email _____

Letter 7

Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____ Zip code _____

Phone _____

Email _____

Letter 8

Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____ Zip code _____

Phone _____

Email _____

Letter 9

Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____ Zip code _____

Phone _____

Email _____

Letter 10

Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____

Zip code _____

Phone _____

Email _____

Required Support Materials

A nominee cannot be evaluated without support materials. You may provide **up to 10 items** of support materials with your nomination. For each item submitted, please include the following information:

- Title of the work
- Date the work was created, published, released, recorded, etc.
- Location, where known
- Brief description of each item of support material explaining its importance to the nomination. Please provide the names of individuals featured in your work samples, where possible.

Support Material 1

Title _____

Date _____

Location _____

Description _____

Support Material 2

Title _____

Date _____

Location _____

Description _____

Support Material 3

Title _____

Date _____

Location _____

Description _____

Support Material 4

Title _____

Date _____

Location _____

Description _____

Support Material 5

Title _____

Date _____

Location _____

Description _____

Support Material 6

Title _____

Date _____

Location _____

Description _____

Support Material 7

Title _____

Date _____

Location _____

Description _____

Support Material 8

Title _____

Date _____

Location _____

Description _____

Support Material 9

Title _____

Date _____

Location _____

Description _____

Support Material 10

Title _____

Date _____

Location _____

Description _____

Support Material Deposit Permission☐ Yes, deposit materials in the McKissick Museum's Folklife Resource Center☐ No, do not deposit materials in the McKissick Museum's Folklife Resource Center