

Nomination Process

Criteria for Nomination:

- 1. Nominations will be accepted for individuals of Irish American Descent, living or deceased, with substantial ties to Michigan who have made contributions in areas such as Public / Community Service, Philanthropy, Business and Industry, Arts and Entertainment, Religion, Education, and Sports.
- 2. Nominees must have a meaningful connection to the state of Michigan, be of verifiable Irish ancestry, be a citizen of the United States and have made a notable contribution in one of the aforementioned areas.
- 3. Nomination forms are available through the Muskegon Irish American Society or can be completed online at www.michiganirishamericanhalloffame.org.

 Nominations must include name of nominee, category and brief description of reason for nomination/candidate worthiness.
- 4. A committee appointed by the Board of Directors of the Muskegon Irish American Society will screen nominations and recommend selections to the Board for final approval.

Deadline for Nominations:

The completed nomination form (hard copy or online) and any supporting materials must be emailed or postmarked on or before APRIL 1, 2024. Nominations received after this date may be considered for the following year.

Hard copy nominations may be mailed to: Muskegon Irish American Society, ^c/_o Kevin Donovan, President, 1086 Ireland Avenue, Muskegon, MI 49441.

Notifications:

Selections will be made by JUNE 1, 2024. Results will be announced and posted to the Michigan Irish American Hall of Fame website. The induction ceremony will be held annually in September at the Michigan Irish Music Festival, Heritage Landing, Muskegon, Michigan.

Contact:

Questions on the nomination process and the Muskegon Irish American Society or the Michigan Irish American Hall of Fame should be directed to Kevin Donovan, President of the Muskegon Irish American Society. Email: info@michiganirishamericanhalloffame.org.



Nomination Form

Nominee information:		
First Name:	Middle:	Last:
(Mr., Mrs., Ms., etc):	Date of Birth (MM/DD/	/YYYY):
Nominee is Living	Deceased	Male Female
Deceased Date (if applicabl	e):	
Contact Information for N nominee:	Nominee or, if deceased,	suggested representative of
Contact Name:		
Relationship to Nominee: _		<u>.</u>
Contact Phone:	Contact Email:	
Contact Address:		
City:	State:	Zip:
categories for your nomine	se, and in 500 words or lest nents of the nominee; the	pove, please indicate one or more ss, please summarize the notable nominee's connection to Michiga
Nomination Submitted By		
Address:		
_		Zip:
Phone:	Email:	