



# JOHN THURSTON

ARKANSAS SECRETARY OF STATE

## Arkansas Diamond Award

(All applications are subject to approval by the Executive office of the Secretary of State)

The Arkansas Diamond Award was developed to honor persons who are making or have made significant contributions to our community through their talent and dedication. They may also have made an outstanding accomplishment in their field of service.

### Eligibility

- **MUST BE** an adult (18 years or older)
- A current resident of Arkansas

### Criteria

- Name, address, phone number( nominee)
- Nominated by: Name, date, address, e-mail, phone number(work and cell)
- Person being nominated for this award will have demonstrated outstanding meritorious service in their community, church, organization, etc. or has made a great accomplishment worthy of recognition.
- Nominees **will not** be considered for the award if they are being nominated solely for years of employment or retirement.
- Accomplishment should clearly benefit the people of Arkansas and possibly beyond extraordinary service.
- Brief description of reason for the nomination for the Diamond Award
- **MUST HAVE** one letter of recommendation not more than 1 page long that would substantiate the above reason.
- **MUST BE** submitted at least 2 weeks prior to presentation



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## Application for Arkansas Diamond Award

Please return your application via instructions at the bottom of this application

Name of Honoree: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

Award dated: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Nominated by: \_\_\_\_\_

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

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

E-mail address: \_\_\_\_\_

Contact Number: Work: \_\_\_\_\_ Cell or Home \_\_\_\_\_

Reason for nomination with specifics (will be used in the narrative): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pick-up  Mailto: Name: \_\_\_\_\_

(Check one)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Internal Use Only:

Date Request Received: \_\_\_\_\_

Contacted: \_\_\_\_\_ Mailed: \_\_\_\_\_ Picked up: \_\_\_\_\_

Lyndajo Jones-Watson  
lyndajo.jones@sos.arkansas.gov  
501 682-3013 Fax: 501 682-3510

**Note:** Once application is completed save as a document to your computer and send back as an attachment to the above e-mail address.