



Nomination form for: The Emma K. Elzy Award

Nominee Information:

Name of Nominee _____
(this may be an individual or group)

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Church/Charge/Ministry/Organization _____

District _____

Person Submitting Information:

Person making the Nomination _____

Position _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Church/Charge/Ministry/Organization _____

District _____

Please submit the following details about this Ministry nomination to: Mississippi Conference Office,
Attn: Emma Elzy Award, 320-F Briarwood Drive, Jackson, MS, 39206. **Due date: May 15, 2022**

Name of ministry?

Why are you nominating this individual or group?

(Be sure to include the name of the ministry, what this ministry does to support race relations, where this ministry is located, what affect has this ministry had on racial reconciliation, what persons or people groups have been affected, how long this ministry has been in operation and how this ministry has changed individuals and/or its community?)

Please provide pictures, video, internet links or a DVD that may help the committee understand this nominee better. *Please use addition paper as needed to support your nominee.*