



Association of Wisconsin Artists State Award Questionnaire

Anyone (club, group or individual) may create and sponsor an award to be presented at the Annual State Conference held each September, this year at the Pyle Center, UW-Madison.

Award Sponsor _____

Contact person _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Name of Award _____

Year first Given _____ Amount _____ Number of Awards _____

Annual Award _____ or One Time Only _____ (check one)

Medium or other criteria _____

NOTE: IF YOU WISH TO SPECIFY A MEDIUM OR CRITERIA FOR THE AWARD, AWA requests that you select the award recipient yourself or allow an AWA committee to select the recipient.

Unless otherwise indicated below, the award recipient will be selected by the show judge. Please have this Award selected by:

Name: _____

Phone: _____ Email: _____

Award Presentation by:

(If left blank, the award will be presented by the State Day Master of Ceremonies.)

Additional remarks: (Comments you would like to add about the award, such as the significance of the award, whether it is in memory of someone, background on your club or organization, or any other information that will add to the meaning of the award for the recipient.)

Please mail completed Questionnaire and **check payable to AWA** to Jill Jensen, AWA Awards Chair, W9419 Ripley Road, Cambridge, WI 53523. Questions? Contact Jill at (847) 275-6540 or awards@wiscartists.org.