



NOMINATION APPLICATION

We recognize when illness, accidents or other events happen to our selfless heroes they don't expect or ask for help and we would like to thank you for nominating them to the Lakes Area Heroes (LAH) program. The LAH board of directors will review this application and will make every effort to provide the resources to assist them in their time of need. We care and appreciate that you are taking the time to nominate a hero and together we can make our community even stronger. Or if you are filling this form out for yourself, we cannot imagine the courage it took to reach out and ask for help. If you (they) would like to remain anonymous please let us know below.

Lakes Area Heroe eligibility:

Criteria to be eligible for nomination we ask that all information provided must be true, complete, and accurate.

□ Must reside or serve in Aitkin, Crow Wing, Cass or Morrison counties.

(MN) Serve in Law Enforcement, Fire or EMS.

EMS personnel include dispatchers, office support, ambulance, first responders Law Enforcement include, State patrol, County sherrifs, City Police, Corrections. Immediate family of Hero

$\hfill\square$ Have an identified need of no fault of their own.

Examples of needs such as loss of income, financial hardship, traumatic event, illness of themselves or family member, death of a family member.

Date	
Name of nominee	
Address	
Phone	-
Do you want to remain anonymous? No Yes	
Place of employment/service	
Name of nominator (if applicable)	Phone
Email	
I am nominating this person because: (check one) Death IIIness Traumatic event Financial hardship Other	
Resources needed for this hero are:	
Describe your LAH and their need, please be as detailed as possible.	



SUBMIT FORM TO:

email: lakesareaheroes@gmail.com mail: P.O. Box 576, Nisswa Mn. 56468

QUESTIONS:

Contact: Isaiah Moengen @ 218-330-4209 Form created 12/30/2022, revised 12/07/23