

# Everence Journey Awards



Nomination application

Name of nominee \_\_\_\_\_

*(Nominee can be individual, couple, family, or group)*

Address \_\_\_\_\_

Street

City

State

ZIP code

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Congregation \_\_\_\_\_

Pastor \_\_\_\_\_

Everence advocate (if known) \_\_\_\_\_

*(Everence may contact the nominee's pastor and advocate as references.)*

If nominating a group: Contact person \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Describe how the nominee practices and models faith-driven use of resources and gifts (including their finances). *(Note: These awards recognize stewardship, not service. But service may well result from your nominee's stewardship journey. If your nominee has performed a service to others, be specific in describing how this service is clearly connected to stewardship.)*

Describe how the stewardship journey of the nominee bears the fruit of benefiting God's work, others, and the world.

Describe how the stewardship journey of this nominee is inspiring to others.

Does the nominee encourage stewardship among others?  yes  no

If yes, please describe how this happens.

Is this nominee an Everence member or affiliated with Everence?  yes  no  I don't know

Please provide the name of an individual who could give a reference.

Name \_\_\_\_\_

Relationship to nominee \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Your name \_\_\_\_\_

Date \_\_\_\_\_

Relationship to nominee \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

ZIP code

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Feel free to make comments below. We welcome biographies of nominees or other information that might be helpful. And, nominees may be contacted for biographical information.

Please return this application by April 30 to: Everence, Attn: Journey Awards, P.O. Box 483, Goshen, IN 46527. Or, submit via email to Kenda Mishler at [kenda.mishler@everence.com](mailto:kenda.mishler@everence.com).

**Everence**

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T: (574) 533-9511