



Hawai'i State Poet Laureate Program 2025
NOMINATION FORM

YOUR INFORMATION

First Name:

Last Name:

Other names used:

Phone Number:

Email:

Address:

City:

Postal Code:

NOMINEE INFORMATION

First Name:

Last Name:

Other names used:

Phone Number:

Email:

Address:

City:

Postal Code:

RELATIONSHIP

What is your relationship to the nominee?

CERTIFICATION

By signing below, I certify that the individual I am nominating meets the Poet Laureate Eligibility Requirements and Selection Criteria. I understand that this form is considered to contain an electronic signature and certifies that I have completed this form.

Signature (please print full name):

Date: