HISTORY

## 2024 WISCONSIN HISTORICAL SOCIETY -WILLIAM G. POMEROY FOUNDATION HISTORICAL MARKER GRANT APPLICATION



## SPONSORING ORGANIZATION INFORMATION

WISCONSIN

HISTORICAL

SOCIETY

Name of Organization: \_\_\_\_\_

Address:\_\_

City, State, Zip: \_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address:

## PRIMARY CONTACT

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address:\_\_\_\_\_

### PLEASE COMPLETE THE FOLLOWING

1) I understand that the marker applicant bears responsibility for the following items:

a) Applicant must determine the location for the marker. The proposed location must be publicly accessible. *Note: The Wisconsin History Society must approve the site.* 

b) Applicant must obtain written permission for the marker to be located on the property.

c) Applicant bears responsibility for installation and care of the marker in perpetuity.

Yes No

2) Where will the proposed historical marker be located?

3) Will your marker be located on or near a site listed on the National Register of Historic Places?

Yes

4) Name of listing, if known.

5) What is the proposed title of the State Historical Marker?

6) Please select at least one of the following State Historical Marker criteria that you believe your proposed marker will meet. State Historical Markers must meet at least one of these criteria.

**People:** Associated with the lives of persons no longer living who have made significant contributions to the broad patterns of history and culture. Living individuals cannot be included on historical markers.

Prehistory and Archaeology: Yields, or likely to yield, information important in prehistory or history.

**Ethnic Groups:** Associated with ethnic groups who have made distinctive and significant contributions to history.

## PLEASE COMPLETE THE FOLLOWING

**State History:** Embodies the characteristics of the State representing significant aspects of the physical or natural history of the earth and its life.

Legends: Representative of popular stories or myths that, although not verifiable, are significant to history and culture.

7) Please select the topic(s) that your proposed State Historical Marker will address.

African American history	Latinx history	Tribal Nations and Indigenous peoples histories
Disability rights movement	LGBTQ+ history	Women's history
Hmong history	Recent immigration history	Other
36" x 24" with 5/8" lettering and the same text on36"each sideeach		arker Model H: 6" x 24" with 5/8" lettering and different text on ach side ,696 characters with spaces)

#### PLEASE COMPLETE THE FOLLOWING

In 300 words or less, please describe the content that the State Historical Marker will cover.

# PLEASE COMPLETE THE FOLLOWING

In 300 words or less, please describe how your proposed marker will elevate the histories and contributions of historically marginalized communities.

In 300 words or less, please describe your level of collaboration and input from groups or communities represented in your marker topic.

## PLEASE COMPLETE THE FOLLOWING

Name of the person submitting this application:

Applicant's Signature:\_\_\_\_\_

Date:

## PLEASE SUBMIT 1 COPY OF THIS APPLICATION, BY MAIL OR EMAIL, BY APRIL 30, 2024:

MAILING ADDRESS: State Historical Markers Program Wisconsin Historical Society 816 State Street Madison, Wisconsin 53706

EMAIL ADDRESS: mallory.hanson@wisconsinhistory.org

#### CONTACT US WITH QUESTIONS:

MALLORY HANSON

608-890-3170 mallory.hanson@wisconsinhistory.org