



# Xiong United, Inc.

1013 W. Bellevue Rd.  
Merced, CA 95348

Phone: (209) 631-3368

Email: [admin@xiongunited.org](mailto:admin@xiongunited.org)

Website: <https://xiongunited.org>

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## Cultural Master Recognition Nomination Form

### Directions

1. The group/quarter leaders (family leader, nais khoob, etc.) and/or local leaders (pabthaas of cities, counties, or regions) of the candidate's residency should conduct the nomination of candidates for a Xiong United, Inc. (XU) Cultural Master Recognition Award.
2. Once the candidates have been nominated, the leader who made the nomination should complete the Candidate Information and Nominated By sections of this form.
3. Lastly, the XU State or Regional Representative from the area of the candidate's residency certifies the form and submits it to XU via regular mail at 1013 W. Bellevue Rd., Merced, CA 95348 or email at [admin@xiongunited.org](mailto:admin@xiongunited.org).

### Candidate Information

Name of Candidate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Please mark all cultural ritual fields of practice that the candidate has mastered:

Taw Kev    Coj Xai    Txiv Qeej    Kaav Xwm Txag    Kaav Xwm Tshoob    Mej Koob  
 Txiv Neeb    Nam Neeb    Xibfbw

1. How many years has the candidate practiced the identified cultural ritual field(s)? \_\_\_\_\_
2. Does the candidate currently practice the identified cultural ritual field(s)?       Yes    No
3. Has the candidate become a cultural rituals trainer?       Yes    No
  - a. Is the candidate currently training a group/person?       Yes    No
  - b. Does the candidate plan to train the younger generation?       Yes    No

### Nominated By

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### XU State or Regional Representative Certification

I certify that the above is true and correct.

Name: \_\_\_\_\_ State/Region: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_