



**YWCA Women of Achievement Awards Celebration
April 30, 2020**

NOMINATION FORM

Nomination Criteria

A nominee must be 18 years of age or older and a current resident of the Kalamazoo area.

Name of Nominee _____

Associated with _____ Title _____

Current Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Email _____

Nomination Submitted by _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Email _____

Organization you represent (if applicable) _____

Certification: The information contained on this nomination form is, to the best of my knowledge and belief, truthful and accurate.

Signature of person submitting nomination

Date

Deadline:
Monday, December 2, 2019
5:00 p.m.

Return by mail or in person to:
YWCA Kalamazoo
353 East Michigan
Kalamazoo, MI 49007

Email to:
kswikoski@ywcakalamazoo.org

Selection Process

Using pre-defined criteria and uniform guidelines, a Selection Committee of individuals from our community will choose the YWCA Women of Achievement Award recipients from the nominations received in both the current and previous years.* All information submitted will remain confidential and will be used exclusively for the purposes of the YWCA Women of Achievement Awards.

**The Selection Committee will receive nominations from the previous year for those who were not selected as award recipients. The committee reserves the right to review previously submitted nominations.*

See reverse for narrative response guidelines.

Narrative Response:

Please **type** your response. Responses should be limited to 2 pages. Specify nominee's achievements and contributions, focusing on the category selected, and providing dates where applicable.

Area of Accomplishment

- | | |
|--|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Healthcare and Wellness |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Human Services |
| <input type="checkbox"/> Business and Management | <input type="checkbox"/> Industry and Labor |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Sports and Fitness |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Education | |

Significant Contributions to the community state or nation.

Accomplishments in her chosen professional or volunteer field.

Leadership roles and **Role Modeling** for others, women in particular.

Two (2) Letters of support should be attached.