

# 2017 *Nomination Form*



## *Women of* **Distinction** HONORING WOMEN IN NEW YORK

### **SENATOR PAMELA A. HELMING**

119 Fall St., Seneca Falls, NY 13148 (315) 568-9816

### **2017 WOMEN OF DISTINCTION NOMINATION FORM**

All nominations must be received by Monday, March 24, 2017

Name and Address of Nominee: \_\_\_\_\_

\_\_\_\_\_

Name of Nominating Individual: \_\_\_\_\_

Organization and Title of Nominating Individual: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

#### **Please provide the following nominee information:**

Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

High School: \_\_\_\_\_ College: \_\_\_\_\_

Other Degrees and/or Certifications: \_\_\_\_\_

Academic Awards or Achievements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community, Civic or Business Awards and Recognitions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past and Present Community/Civic Involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteer Service: \_\_\_\_\_

\_\_\_\_\_

Military Service: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Past Relevant Occupations: \_\_\_\_\_

\_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

\_\_\_\_\_

Marital Status: \_\_\_\_\_ Children: \_\_\_\_\_

Who or what are your nominee's major influences? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What, if any, obstacles has your nominee overcome? \_\_\_\_\_

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What do you think have been your nominee's major accomplishment(s)? \_\_\_\_\_

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Please use this space if additional information from previous questions is required: \_\_\_\_\_

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