



www.marylandwomen.org

## 2018 WOMEN OF TOMORROW NOMINATION FORM

### **PART A: IDENTIFYING INFORMATION**

NOMINEE'S NAME: [Click here to enter text.](#)

YEAR OF BIRTH: [Enter date](#)      LENGTH OF MARYLAND RESIDENCY (MINIMUM OF 5 YEARS): [enter text.](#)

GRADE: [Grade](#)      SCHOOL: [School](#)

CURRENT HOME ADDRESS: [Street Address](#)

CITY: [City](#)    COUNTY: [County](#)    STATE: [State](#)      ZIP: [Zip Code](#)

NOMINEE'S TELEPHONE NUMBER(S): [Enter number.](#)

NOMINEE'S EMAIL ADDRESS: [Enter email.](#)

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NAME OF PARENT OR GUARDIAN: [Click here to enter text.](#)

RELATIONSHIP TO NOMINEE: [Click here to enter text.](#)

STREET ADDRESS: [Address.](#)

CITY, STATE, ZIP: [Click here to enter text.](#)

PARENT OR GUARDIAN'S TELEPHONE NUMBER(S): [Enter number.](#)

PARENT OF GUARDIAN'S EMAIL ADDRESS: [Enter email.](#)

**FOR OFFICIAL USE ONLY**

RECEIVED BY MARYLAND COMMISSION FOR WOMEN

DATE: \_\_\_\_\_

**NOMINEE'S NAME:** Enter name.

AS NOMINATOR, PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF NOMINATOR: Enter name.

TITLE OF NOMINATOR: Enter title.

ORGANIZATION: Enter organization.

MAILING ADDRESS: Address.

CITY, STATE, ZIP: Click here to enter text.

TELEPHONE NUMBER(S): Enter number

EMAIL ADDRESS: Enter email.

RELATIONSHIP TO NOMINEE: Click here to enter text.

NOMINATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*ORIGINAL SIGNATURE REQUIRED. SCANNED COPY OF ORIGINAL WILL BE ACCEPTED.\***

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*PLEASE ATTACH A LETTER OF RECOMMENDATION FROM AN INDIVIDUAL WHO IS KNOWLEDGEABLE OF THE NOMINEE'S ACHIEVEMENTS AND CHARACTER. THIS LETTER MAY NOT BE FROM THE NOMINATOR OR A RELATIVE OF THE NOMINEE.*

**ALL NOMINATIONS MUST BE EMAILED OR POSTMARKED BY 4 P.M. ON THURSDAY, NOVEMBER 9, 2017. INCOMPLETE PACKETS OR THOSE NOT MEETING THE SUBMISSION DEADLINE WILL NOT BE CONSIDERED.**

**PLEASE EMAIL ALL NOMINATION PACKETS TO [C4.WOMEN@MARYLAND.GOV](mailto:C4.WOMEN@MARYLAND.GOV)**

**OR MAIL TO:**

**MARYLAND COMMISSION FOR WOMEN  
ATTN: WOMEN OF TOMORROW PROGRAM  
51 MONROE STREET, SUITE 1034, ROCKVILLE, MD 20850**

**NOMINEE'S NAME:** Enter name.

## **PART B: CRITERIA FOR CONSIDERATION**

PLEASE PROVIDE INFORMATION ABOUT THE NOMINEE FOR THE FOLLOWING CRITERIA.

### **CRITERION 1: PURSUIT OF ACADEMIC EXCELLENCE**

THE NOMINEE HAS AN EXCEPTIONAL ACADEMIC RECORD AND/OR HAS DEMONSTRATED SIGNIFICANT EFFORT TOWARDS ACHIEVING HER FULL ACADEMIC POTENTIAL.

**CUMULATIVE GRADE POINT AVERAGE:** Enter GPA.

**ON A SCALE OF:** enter text.

PLEASE DESCRIBE OTHER ACADEMIC FACTORS, I.E., VOCATIONAL FIELDS, IN-DEPTH STUDIES, HONORS OR AP COURSES.

*Click here to enter text.*

### **CRITERION 2: LEADERSHIP**

PLEASE DESCRIBE THE NOMINEE'S LEADERSHIP ROLE IN SCHOOL AND/OR COMMUNITY ACTIVITIES, HER DEMONSTRATED ABILITY TO INSPIRE OTHERS AND GENERATE ENTHUSIASM, AND DESCRIBE HOW SHE LEADS WITH HER ACTIONS SUCH AS VOLUNTEERING, EXPRESSING INDIVIDUALITY, AND HER DEDICATION TO HER WORK.

*Click here to enter text.*

**NOMINEE'S NAME:** Enter name.

**CRITERION 3: EXTRAORDINARY COMMUNITY SERVICE**

PLEASE TELL US ABOUT THE NOMINEE'S VOLUNTEER ACTIVITIES, ABOVE AND BEYOND SCHOOL-REQUIRED COMMUNITY SERVICE:

*Click here to enter text.*

**EXCEPTIONAL BACKGROUND**

HAS THE NOMINEE EXPERIENCED ANY SPECIAL CHALLENGES IN HER LIFE THAT MAKES HER ACHIEVEMENTS EVEN MORE EXTRAORDINARY?

PLEASE DESCRIBE:

*Click here to enter text.*

**NOMINEE'S NAME:** Enter name.

**PART C: BIOGRAPHICAL SKETCH OF NOMINEE**

(IF SELECTED, WILL BE UTILIZED IN THE PROGRAM BOOKLET)

*(HIGHLIGHTING ACADEMIC, EXTRACURRICULAR SCHOOL AND COMMUNITY ACTIVITIES, ASPIRATIONS FOR THE FUTURE- 250 WORDS OR LESS)*

[Click here to enter text.](#)

**NOMINEE'S NAME:** Enter name.

## **PART D: NOMINEE SHORT ESSAYS**

QUESTIONS ***MUST*** BE COMPLETED BY NOMINEE.

YOU HAVE BEEN NOMINATED FOR THIS AWARD BASED ON YOUR RECORD OF ACADEMIC EXCELLENCE, EXCEPTIONAL LEADERSHIP AND EXTRAORDINARY COMMUNITY SERVICE. IN NO MORE THAN 250 WORDS PER ESSAY PROMPT BELOW, PLEASE TELL US:

1) DESCRIBE WHAT A "WOMAN OF TOMORROW" MEANS TO YOU:

[Click here to enter text.](#)

2) DEFINE "LEADERSHIP" IN YOUR OWN WORDS:

[Click here to enter text.](#)

3) DEFINE "COMMUNITY SERVICE" AND DESCRIBE WHY IT IS IMPORTANT TO YOU?

[Click here to enter text.](#)

**NOMINEE'S NAME:** Enter name.

**PLEDGE OF HONOR:**

I Enter name., CERTIFY THAT THE INFORMATION PROVIDED IN THIS 2017 WOMEN OF TOMORROW NOMINATION PACKET IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER AFFIRM THAT THE ESSAYS HEREIN WERE WRITTEN BY ME AND REPRESENT MY OWN ORIGINAL WORK.

NOMINEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*ORIGINAL SIGNATURE REQUIRED. SCANNED COPY OF ORIGINAL WILL BE ACCEPTED.\***

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