



2017 MARYLAND WOMEN'S HALL OF FAME NOMINATION FORM

PLEASE COMPLETE THIS ENTIRE FORM AND SUBMIT IT WITH THE COMPLETE NOMINATION PACKET - NARRATIVE, PHOTO AND SUPPORTING DOCUMENTS (SEE INSTRUCTIONS).

I/WE, THE UNDERSIGNED, PRESENT THE FOLLOWING NOMINATION PACKET FOR CONSIDERATION:

NOMINEE'S NAME: Full name.

MAIDEN NAME: Maiden if applicable.

DATE OF BIRTH: Enter D.O.B. IF DECEASED, INCLUDE DATE OF DEATH: Enter D.O.D. if applicable.

PLACE OF BIRTH: City, State. LENGTH OF MARYLAND RESIDENCY: Number of years.

FOR CONTEMPORARY NOMINEE:

MAILING ADDRESS: Enter street address.

CITY, STATE, ZIP: Enter city, state, zip.

HOME TELEPHONE: Enter number. WORK TELEPHONE: Enter number.

CELL PHONE: Enter number. EMAIL ADDRESS: Enter email.

NOMINEE'S MAJOR FIELD OF ENDEAVOR: [Click here to enter text.](#)

NAME OF NEAREST LIVING RELATIVE: Enter name.

RELATIONSHIP TO NOMINEE: Enter relationship.

STREET ADDRESS: Enter relative's street address.

CITY, STATE, ZIP: Enter relative's city, state, zip.

RELATIVE'S HOME TELEPHONE: Enter relative's number. WORK TELEPHONE: Enter relative's number.

Advancing Solutions for Maryland Women

PLEASE PROVIDE TWO LETTERS OF SUPPORT FOR THIS NOMINATION FROM INDIVIDUALS WHO ARE KNOWLEDGEABLE OF THE NOMINEE'S ACHIEVEMENTS AND CHARACTER, AND ARE FROM THE COMMUNITY SERVED:

REFERENCES (AUTHORS OF THE LETTERS OF SUPPORT):

1. **NAME:** Enter Name. **PHONE:** Enter number.
ORGANIZATION: Enter organization.
MAILING ADDRESS: Enter complete mailing address.
2. **NAME:** Enter Name. **PHONE:** Enter number.
ORGANIZATION: Enter organization.
MAILING ADDRESS: Enter complete mailing address.

As NOMINATOR, PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF NOMINATOR: Enter name.

RELATIONSHIP TO NOMINEE, IF ANY: Enter relation to nominee.

TITLE OF NOMINATOR: Enter title. **ORGANIZATION:** Enter organization.

MAILING ADDRESS: Enter nominator's street address.

CITY, STATE, ZIP: Enter nominator's city, state, zip.

DAY TELEPHONE: Enter nominator's number. **CELL PHONE:** Enter nominator's number.

EMAIL ADDRESS: Enter nominator's email.

NOMINATOR'S SIGNATURE:

_____ **DATE:** _____

COMPLETE NOMINATION SUBMISSIONS MUST BE RECEIVED BY 4 P.M. OCTOBER 28, 2016 AND MUST INCLUDE THIS FORM, THE NARRATIVE OF NO MORE THAN 500 WORDS, A PHOTO OF THE NOMINEE (AS DESCRIBED IN THE CALL FOR NOMINATIONS) AND ALL SUPPORTING DOCUMENTS, TOTALING NO MORE THAN 10 PAGES.

ELECTRONIC SUBMISSIONS ARE ENCOURAGED. PLEASE EMAIL ALL NOMINATION PACKETS TO
JUDITH.VAUGHAN-PRATHER@MARYLAND.GOV

OR MAIL TO:
MARYLAND COMMISSION FOR WOMEN
ATTN: HALL OF FAME
51 MONROE STREET, SUITE 1034
ROCKVILLE, MD 20850

FOR OFFICIAL USE ONLY

RECEIVED BY MARYLAND COMMISSION FOR WOMEN

DATE: _____