



**YWCA Women of Achievement Awards Celebration  
May 10, 2018**

**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, November 6, 2017**  
**5:00 p.m.**

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

**Email to:**  
[kswikoski@ywcakalamazoo.org](mailto: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.

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**Accomplishments** in her chosen professional or volunteer field.

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

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**Two (2) Letters of support should be attached.**