2014 MARYLAND WOMEN’S HALL OF FAME NOMINATION FORM

I/we, the undersigned, present the following nomination packet for consideration:
(Please complete this entire form. You can send it via postal service or send it electronically directly to crystal.young@maryland.gov)

Nominee’s Name: ____________________________________________________________
Maiden Name: __________________________________________________________________
Date of Birth: _________________ If deceased, include date of death: _________________
Place of Birth: ____________________________________ Length of Maryland Residency: _______

For contemporary nominee:

Mailing Address: __________________________________________________________________
City, State, Zip: __________________________________________________________________
Home Telephone: ___________________________ Work Telephone: ____________________________
Cell Phone: _______________ Fax: _____________ Email Address: _____________________________
Nominee’s Major Field of Endeavor: ____________________________________________________
Name of Nearest Living Relative: ______________________________________________________
Relationship to Nominee: _____________________________________________________________
Street Address: _____________________________________________________________________
City, State, Zip: ___________________________________________________________________
Relative’s Home Telephone: ___________________________ Work Telephone: ________________

Advancing Solutions for Women
Please provide two references from individuals who are knowledgeable of the nominee's achievements and character, and are from the community served:

References:

Name: ________________________________________ Phone: ________________________________
Organization: _________________________________________________________________________
Mailing Address: _______________________________________________________________________

Name: ________________________________________ Phone: ________________________________
Mailing Address: _______________________________________________________________________

As Nominator, Please provide the following information:

Person(s)/Organization submitting Nomination: _____________________________________________
______________________________________________________________________________________
Organization: _________________________________________________________________________
Mailing Address: _______________________________________________________________________
City, State, Zip: _______________________________________________________________________
Home Telephone: ____________________________ Work Telephone: ____________________________
Cell Phone: _______________________________ Fax: ___________________________________
Email Address: ________________________________________________________________________
Print Name and Title of Nominator:
______________________________________________________________________________________
Nominator’s Signature: _____________________________________________ Date: __________________

Received by the Maryland Commission for Women: _________________

Maryland Commission for Women
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410-767-3049 * 1-877-868-2196 * TTY 1-800-925-4434
www.marylandwomen.org * dlmcw_dhr@maryland.gov

MCW is a Commission of the Maryland Department of Human Resources

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