MARYLAND WOMEN’S HALL OF FAME NOMINATION FORM

I/we, the undersigned, present the following nomination packet for consideration:

Please complete this entire form and submit it with the complete nomination packet - narrative, photo and supporting documents (see instructions).

Nominations must be received no later than 5:00 p.m. Friday, November 21, 2014
DUE DATE FOR NOMINATIONS EXTENDED TO FRIDAY, DECEMBER 5, 2014.
And may be submitted via email to crystal.young@maryland.gov
Or via mail to: Maryland Commission for Women
c/o Crystal Young
51 Monroe Street, Ste. 1034
Rockville, MD 20850

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 Discipline: _____________________________________________________
Name of Nearest Living Relative: ________________________________________________________
Relationship to Nominee: ____________________________
Street Address: _____________________________________________
City, State, Zip: _____________________________________________
Relative’s Home Telephone: __________________________Work Telephone: ____________________

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

References:

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

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

As Nominator, Please provide the following information:

Name of Nominator: _______________________________________________________________________
Title of Nominator: _______________________________________________________________________
Organization: ___________________________________________________________________________
Mailing Address: _________________________________________________________________________
City, State, Zip: _________________________________________________________________________
Home Telephone: ______________________________ Work Telephone: ___________________________
Cell Phone: ______________________________ Fax: _________________________________________________________________________
Email Address: __________________________________________________________________________

Nominator’s Signature: ___________________________________________________________________
_________________________________________________ Date: _________________________________

Received by the Maryland Commission for Women: ____________________

Complete nomination submissions must be received by 5 p.m. November 21, 2014
DUE DATE FOR NOMINATIONS EXTENDED TO FRIDAY, DECEMBER 5, 2014.

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