

*“Write Women Back into History”*

## **Women of Distinction Nomination Form**

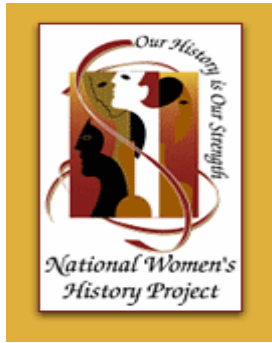
### **Objectives of the Women of Distinction Program:**

- I. To pay tribute to women of distinction in our community
- II. To recognize and honor women in the Mat-Su Valley who have demonstrated qualities of outstanding leadership and excellence in their professional and personal endeavors
- III. To encourage employers and civic groups to recognize women of distinction within their organization.

The Awards Committee will consider nominations in, but not limited to, the following areas: arts, community service, education, entrepreneurship, health services, management, religion, sports, and support services. The honorees will not necessarily represent each area.

### **Awards Criteria:**

- Candidate has demonstrated sustained excellence, accomplishment, and creativity in the sphere of her chosen profession or community service endeavor.
- Candidate has demonstrated qualities of leadership, integrity, dedication, and motivation professionally and in the community.
- Candidate has demonstrated qualities which would encourage other women to view her as a role model.
- Candidate has demonstrated a commitment to improving the quality of life in the community through work-related or volunteer involvements.



*“Write Women Back into History”*

## **Women of Distinction Nomination Form**

*Please type or print (form must be completed in full)*

Name of Nominee \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Business/Organization Affiliation \_\_\_\_\_

Business Address \_\_\_\_\_

Business E-mail Address \_\_\_\_\_

Please indicate below why you feel the candidate should be considered for an award, based on the awards criteria stated on page 1. You may attach a resume or other biographical data. Please use additional paper as needed.

Please include a total of 5 copies of this form and any other information you have attached.

***Please type or print (form must be completed in full)***

Name of Nominator \_\_\_\_\_

Business/Organization Affiliation \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Please Mail or Bring To:** Alaska Family Services  
1825 South Chugach Street  
Palmer, AK 99645

*Nomination forms must be in the AFS office by Monday, March 1, 2010 before 4:30 pm.*

*You mail email or hand deliver **5 copies** of the nomination form and any other information you have attached. If you are mailing your copies, please remember they must be in the AFS office (not postmarked) by Monday, March 1, 2010 before 4:30pm.*