Salem County Commission on Women

2015 Women of Achievement Award

Nomination Form

Category: ( ) Individual ( ) Group

Print or type clearly. Please verify the spelling of the nominee's name.

I. Nominee Information:

Name of Nominee: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

II. Nominator Information:

Name of Nominator: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Briefly describe your nominee's contributions and in what ways the nominee has demonstrated excellence in her life through one or more of the criteria. Please state the reasons you think your nominee should be recognized and give examples, if possible. Please limit your response to one page, 100 words.

Send nominations by January 9, 2015 to:

Ms. Joan Cole, Chairperson
PO Box 177
Salem, NJ 08079