

**Chester County Women's Commission**  
*Enhancing opportunities for Chester County Women*

**2016 Nomination Form (page 1 of 2)**

**Instructions:** type or print your entry. Use blue or black ink and print answers—illegible entries will be disqualified. Forms can be submitted via email or US mail.

I wish to nominate an individual for the following award (check one):

*These awards have been established by the Chester County Women's Commission (CCWC) to recognize:*

**Empowered Woman Award**

Individuals who have overcome major obstacles in their lives and have become inspirational role models for women in Chester County.

**Empowered Young Woman Award**

Young women (ages 16 to 21) who are inspirational role models for girls in Chester County.

**Distinguished Service Award**

Women and men who have made outstanding contributions for the advancement of women and CCWC's mission. This award will honor an individual for her/his contributions as a professional, volunteer, or agent of change.

**Nominee Information**

Name (print): \_\_\_\_\_

Home Address: \_\_\_\_\_

School (Empowered Young Woman Award only): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Brief Description of Reason for Nomination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nominator Information**

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the Nominee: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Best way to contact: \_\_\_\_\_

**Note:** The commission will be contacting you, so please ensure we have a means to do so.

## 2016 Nomination Form (page 2 of 2)

I have enclosed the following materials (Note specific requirements for each award and check the applicable boxes):

### Empowered Woman

- Required: Completed Nomination Form
- Required: Completed Recommendation Form
- Optional: Additional Recommendations
- Optional: News articles and other documentation to support the nomination. Limit: three pages

### Empowered Young Woman

- Required: Completed Nomination Form
- Required: Completed Recommendation Form
- Optional: Additional Recommendations
- Optional: News articles and other documentation to support the nomination. Limit: three pages

### Distinguished Service

- Required: Completed Nomination Form
- Required: Completed Recommendation Form
- Required: Resume or CV
- Optional: Additional Recommendations
- Optional: News articles and other documentation to support the nomination. Limit: three pages

## All materials must be postmarked by March 1, 2016

Send your completed nomination materials:

- By e-mail: [ccwcaward@gmail.com](mailto:ccwcaward@gmail.com) (Forms should be submitted as attachments to your message)
- By U.S. mail: CCWC, P.O. Box 761 West Chester, PA 19381

Note: Nomination materials are also available at <http://www.ccwomenscommission.org>, where you can also learn about past award recipients.

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**2016 Recommendation Form (page 1 of 2)**

Recommendations may be submitted by anyone with a personal or professional relationship to the nominee. Please be as succinct and specific as possible when explaining why this person is being recommended, and how she or he meets the criteria for the award. For example, it is not sufficient to say she or he is a nice person who has been involved with many organizations over the years. Be specific. State how her or his involvement has made a difference, and describe how that involvement exemplifies the award criteria.

I am recommending Name: \_\_\_\_\_ for  
the (check one):

**Empowered Woman Award**

Individuals who have overcome major obstacles in their lives and have become inspirational role models for women in Chester County.

**Empowered Young Woman Award**

Young women (ages 16 to 21) who are inspirational role models for girls in Chester County.

**Distinguished Service Award**

Women and men who have made outstanding contributions for the advancement of women and CCWC's mission. This award will honor an individual for her/his contributions as a professional, volunteer, or agent of change.

Reason for recommending: Please complete in space provided on page two.

**Nominator Information**

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the Nominee: \_\_\_\_\_

How long have you known the nominee? \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Best way to contact: \_\_\_\_\_

**Note: The commission will be contacting you, so please ensure we have a means to do so.**

Note: One recommendation is required for all awards. Additional recommendations will be considered.

To see all requirements go to <http://www.ccwomenscommission.org/awards.html>, where you can also download the forms and learn about past award recipients.

If this recommendation form is being submitted separately from the nomination form, send:

- By e-mail: [ccwcaward@gmail.com](mailto:ccwcaward@gmail.com) (Forms should be submitted as attachments to your message)
- By U.S. mail: CCWC, P.O. Box 761 West Chester, PA 19381

**Important: Complete page 2**

## 2016 Recommendation Form (page 2 of 2)

Reason for recommending (300 word limit):

**All materials must be postmarked by March 1, 2016**