



ATLANTIC COUNTY WOMEN'S HALL OF FAME 2020 NOMINATION FORM

Nominee Name: _____
FIRST M.I. LAST

Nominee Home Address _____
CITY STATE ZIP

Nominee Home Phone: ____ (____) ____ - ____ Email address: _____

Nominee Employer: _____

Nominee Work Phone: __ (____) ____ - ____

Nominee Category: Please indicate only ONE category listed on the reverse side of this form which best applies to your Nominee: _____

CRITERIA FOR ELIGIBILITY (Check all that apply):

- ____ Nominee was born or raised in Atlantic County
- ____ Nominee has been an Atlantic County resident for a minimum of 10 years
- ____ Nominee has been or was employed in Atlantic County for a minimum of 10 years

ALL of the following items must be submitted and received by October 15, 2019:

A ONE PAGE TYPEWRITTEN biography of your nominee which includes her background, education, career, history, and accomplishments.

A ONE PAGE TYPEWRITTEN LETTER explaining why YOU believe she is worthy of being selected as one of Atlantic County's outstanding citizens.

TWO letters of recommendation (excluding the nominator's letter) stating the nominee's character, accomplishments and contributions to Atlantic County.

Individual/Group submitting the nomination: _____

Individual/Group Address: _____ Email Address: _____

SIGNATURE OF individual/representative submitting the nomination _____

NOMINATION FORMS MUST BE RECEIVED NO LATER THAN OCTOBER 15, 2019



NOMINATION CATEGORIES:

- Arts/Entertainment
- Athletics
- Business
- Education
- Government
- Law
- Journalism/media
- Medicine/health/science
- Philanthropy
- Public Service
- Religion
- Social Services
- Volunteerism

Posthumous nominations may also be submitted

CRITERIA FOR ELIGIBILITY:

- Born/raised in Atlantic County
- Atlantic County resident, minimum of 10 years
- Employed in Atlantic County, minimum of 10 years

CHECKLIST. *Five (5) documents must be submitted in total:*

- 2020 completed Nomination Form
- Nominee's biography
- Nomination letter from the individual or organization submitting the nomination
- TWO** letters of recommendation (excluding the nominator's letter).

ALL INFORMATION BECOMES THE PROPERTY OF THE ATLANTIC COUNTY WOMEN'S HALL OF FAME AND CANNOT BE RETURNED.

You may also download the Nomination Form from our website: www.acwhf.org

MAIL COMPLETED NOMINATION PACKAGE TO:

Atlantic County Women's Hall of Fame
ATTN: Nominations Committee
P.O. Box 1492
Absecon, NJ 08201

If you need more information, please call (609) 272-1469