



# ATLANTIC COUNTY WOMEN'S HALL OF FAME 2024 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 next page 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, 2023**

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: \_\_\_\_\_

Nominator's Phone Number or Email Address: \_\_\_\_\_

SIGNATURE OF individual/representative submitting the nomination:

\_\_\_\_\_



**ACWHF NOMINATION CATEGORIES:**

- \* Arts/Entertainment
- \* Athletics
- \* Business
- \* Education
- \* Government
- \* Journalism/Media
- \* Law
- \* 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:***

- € 2024 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](http://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**