



**SENATOR PATTY RITCHIE  
2016 WOMEN OF DISTINCTION NOMINATION FORM**

Name and Address of Nominee:

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Name of Nominating Individual: \_\_\_\_\_

Organization and Title of Nominating Individual: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide the following nominee information:

Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

High School: \_\_\_\_\_ College: \_\_\_\_\_

Other Degrees and/or Certifications: \_\_\_\_\_

Academic Awards or Achievements: \_\_\_\_\_

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Community, Civic or Business Awards and Recognitions:

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Past & Present Community/Civic Involvement:

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Volunteer Service:

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Military Service:

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Present Occupation:

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Relevant Past Occupations:

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Hobbies and Interests:

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Marital Status:

Children:

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Who or what were your nominee's major influences?

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What, if any, obstacles has your nominee overcome?

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What do you think has been your nominee's major accomplishment (s)?

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\*\*\*Please email form to [ritchie@nysenate.gov](mailto:ritchie@nysenate.gov), fax to (315) 782-6357

or mail to the Office of State Senator Patty Ritchie, 317 Washington St., Watertown, NY 13601\*\*\*

